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ABSTRACT

This handbook analyzes current problems related to the health, early child care and education, and availability of resources and supports for children, youth, and families in Pennsylvania; discusses current efforts to address these problems; and suggests short- and long-term objectives for state activities. Part 1, "Child Health," addresses problems related to the large number of children without health insurance or at risk of losing their insurance, the lack of quality control mechanisms in managed care programs to ensure that children and pregnant women receive adequate preventive health services, the lack of participation of medical providers in the Medical Assistance Program, and widespread inadequate child nutrition for proper physical and mental development. Part 2, "Early Care and Education," addresses inadequate child care system support for working families, the number of children not receiving comprehensive high quality services, and Pennsylvania's failure to build a world-class early education system. Part 3, "Resources and Supports for Children, Youth and Families," discusses increased stress levels for parents and therefore increased need for social support, the number of children in poor families, school and community needs for help in planning and implementing effective strategies to ensure that youth complete their education and make a successful transition to the workplace, and the need to strengthen programs helping youth who have dropped out of school, become a parent, or are involved with drugs, alcohol, or delinquency. Contains about 35 references. (KB)

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A HANDBOOK FOR ACTION

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PENNSYLVANIA PARTNERSHIPS FOR CHILDREN

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A HANDBOOK FOR ACTION

Funding for this project was provided by the Annenberg Foundation.

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PENNSYLVANIA PARTNERSHIPS FOR CHILDREN

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CHILD HEALTH

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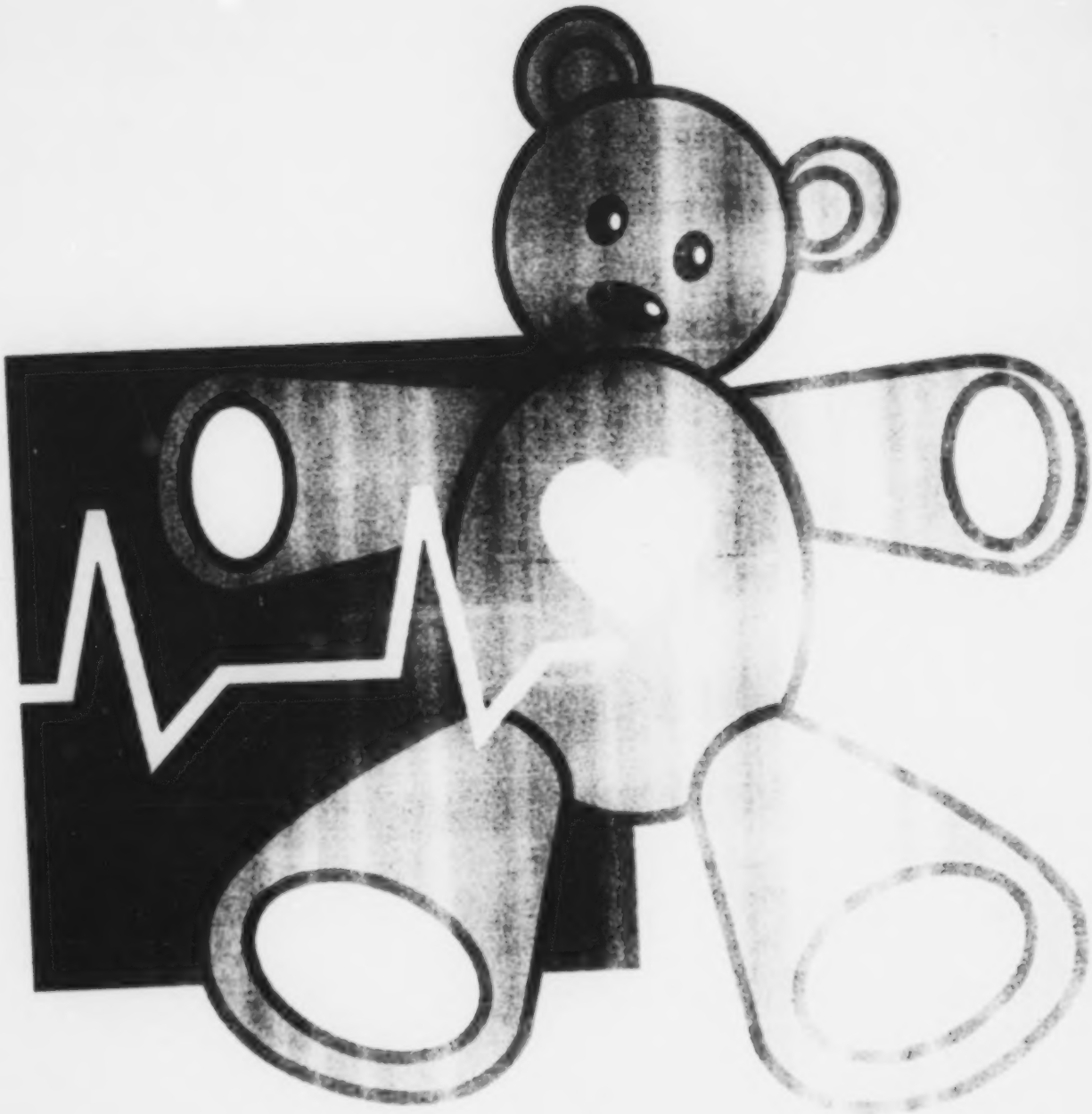

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CHILD HEALTH

PROBLEM:

DESPITE A SIGNIFICANT INCREASE IN THE NUMBER OF CHILDREN COVERED, MANY STILL DO NOT HAVE HEALTH INSURANCE AND OTHERS ARE AT RISK OF LOSING COVERAGE DUE TO THE CLIMATE OF CHANGE IN PUBLIC FUNDING FOR HEALTH CARE AND PRIVATE SECTOR DOWNSIZING.

Outreach efforts, a streamlined application process and minor changes in eligibility regulations made since 1990 have increased participation in the federal-state Medical Assistance (MA) Program by pregnant women and children under age 21.

Enactment of Pennsylvania's own Children's Health Insurance Program (CHIP) in 1992 and subsequent eligibility changes have provided access to health care for approximately 49,600 children from low-income, working poor families not eligible for MA.

Both efforts to cover more children under MA and passage of CHIP grew from the recognition by Republicans and Democrats that failure to provide preventive health services and prompt treatment of childhood illnesses can have a devastating impact on the growth and development of a child, with costly implications for government.

Gaps in Coverage

Despite the progress, an estimated 331,000 children under 18 are still without any health coverage in Pennsylvania.[1] Congress' failure to enact national health care reform legislation has kept the onus on states to continue efforts to assure health insurance coverage for all children needing such coverage.

The 1990s have been a decade marked with significant debate about health care reform. There have been countless changes in the health care industry. Amidst the changes one consensus remains – good child health is dependent on provision of primary and preventive health care. Without health insurance, children are left without this essential care.

Lack of insurance and inadequate resources are the major reasons why children and adolescents do not receive primary and preventive health care. Minor illness left untreated can lead to serious consequences. Lack of immunizations can increase the occurrence of preventable childhood diseases. Comprehensive health evaluations and services are critical to healthy child development.

Gaps in coverage also occur because of the lack of coordination between the MA and CHIP programs. As families transition from welfare to work and lose eligibility for extended MA, many of the children leaving welfare are eligible for CHIP on the basis of income. However, families may not be aware of CHIP or may not successfully find their way to the CHIP insurer to go through yet another application process. Even if these administrative obstacles are overcome, families leaving welfare for work may then confront a waiting list.

Similarly, a significant number of families applying for CHIP appear to qualify for MA and are referred to the county assistance office for help. While some families successfully make the connection and obtain coverage under MA, others are discouraged or are otherwise lost along the way.

CHILDREN WITHOUT HEALTH INSURANCE, POVERTY STATUS, AGE, AND PROGRAM

POVERTY STATUS	INCOME RANGES (FAMILY OF FOUR)	UNDER 1	1-5	6-12½	12½-13	14	15	16	17	TOTAL
≥300%	$44,800 and over	4,365	25,635	45,100	9,900	3,382	3,476	3,504	3,637	98,999
35-299%	$36,816-44,799	2,445	14,361	11,661	2,559	1,874	1,926	1,942	2,015	38,783
200-234%	$31,200-36,815	1,338	7,856	6,380	1,398	1,025	1,054	1,062	1,103	21,216
185-199%	$29,016-31,199	1,108	6,504	4,397	966	325	334	336	349	14,319
150-184%	$23,400-29,015	2,530	14,738	9,089	2,170	754	775	782	811	32,429
133-149%	$20,904-23,399	909	5,339	3,636	798	279	287	289	300	11,837
100-132%	$15,600-20,903	1,876	11,816	7,498	1,646	575	591	596	619	24,417
50-99%	$7,800-15,599	2,029	11,915	12,165	2,769	1,933	1,986	2,002	2,078	42,877
<50%	under $7,800	2,336	13,770	18,096	3,972	1,933	1,986	2,002	2,078	46,173
Total		18,916	111,084	123,822	27,178	12,080	12,415	12,515	12,990	331,000

REDUCED-COST CHIP NO-COST CHIP MA ELIGIBLE

SOURCE:
"Special Report on Uninsured Children in Pennsylvania," Pennsylvania Partnerships for Children, Harrisburg, PA, May 1995, p.6

CURRENT EFFORTS

One of the most serious areas of contention in constructing a seven-year plan to balance the federal budget has been how to approach Medicaid reform. Pending proposals in Congress to reform Medicaid (known as the Medical Assistance program in Pennsylvania) could have a deleterious effect on the Commonwealth's ability to provide comprehensive health care services to poor children and pregnant women, depending on how the Governor and General Assembly decide to absorb the funding cuts. If children now receiving health care through MA are denied services due to federal funding shifts, heavier demands will be placed on the state-funded CHIP Program.

This would be especially true if the proposal is passed which was put forth by the National Governor's Association (NGA) to rollback coverage for children over age 12 whose family incomes are above the poverty threshold. Under current law, families receiving AFDC are assured of receiving Medicaid. Under the NGA proposal, states could either provide coverage just to children over age 12 whose parents are eligible for the state's new welfare block grant program, or children over age 12 whose families' income is below the national average AFDC eligibility criteria. The national average AFDC income limits are far below the poverty line.

CHIP Expansion Needed

Enrollment in the CHIP Program is currently at about 49,600 children. Roughly 2,000 additional eligible children are on the waiting list because sufficient funds are not available from the cigarette tax to support more enrollments.

Governor Ridge announced Administration plans in early May 1996 to enroll the 2,000 on the waiting list, plus an additional 3,000 children in CHIP over the next fiscal year. The Administration's ability to enroll an estimated 5,000 additional children is based on the recent CHIP contract bids reflecting a decreased cost per child, and the Governor's Fiscal Year 1997 budget proposal to use an additional one cent from the cigarette tax revenues to cover more children in CHIP.

Continuous Outreach Required

The Departments of Health and Public Welfare conducted an extensive outreach campaign using public service announcements on television and radio during 1993 and 1994 that succeeded in linking low-income families and children to preventive health care services and free or low-cost insurance coverage. Contractors for the CHIP Program also made significant outreach efforts, resulting in much wider familiarity with and participation in both CHIP and MA. Outreach efforts must be a continuous process to ensure families in need are able to obtain services. Development of a common application form and eligibility process for MA and CHIP is now a critical undertaking to improve access and eliminate administrative barriers to participation in both programs.

SHORT-TERM OBJECTIVES

- Maintain the guarantee of preventive and acute health care services through the Pennsylvania's Medical Assistance Program for the categories of young children, adolescents, and pregnant women now covered, including newborns of non-eligible mothers, such as non-citizens.

- Establish a funding mechanism that will not only continue to support the current enrollment of approximately 49,600 children in CHIP, but that will over the next five years pay for expansion of coverage to the remaining low-income children in the Commonwealth without health care insurance who are eligible for CHIP. The number of children currently eligible for CHIP, but remaining without coverage, is approximately 73,400.

- Continue outreach efforts and improve ease of access to existing health insurance programs for low-income children by implementing a single application form and eligibility determination process for MA and CHIP.

Comprehensive health evaluations and services are important to assure that all children have a chance to develop normally. Hearing, vision, and speech problems left undiagnosed and uncorrected can create obstacles to learning that lead to failure in school. Lack of timely immunizations can result in avoidable childhood diseases. Undetected exposure to lead can seriously impair mental development. Similarly, early, comprehensive prenatal care is critical to ensure healthy births and to ensure linkage of mothers to post-partum pediatric care.

EPSDT Lawsuit Gets Results

In 1991, a class action lawsuit (Scott vs. Snider) was initiated against the Commonwealth for failure to deliver required health screening and treatment services to thousands of Pennsylvania children receiving Medical Assistance. At that time, far less than half of the children for whom screening was required had received even one screening. As a result of efforts undertaken to address the issues raised in the lawsuit, participation rates in the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT) improved significantly from the 1993-94 to the 1994-95 reporting period, increasing from 34% to 40%. However, much progress remains to be achieved.

CURRENT EFFORTS

Primary Care Case Management

A primary care case management system (called the Family Care Network in most parts of the state) was developed by the Department of Public Welfare to improve the state's rate of participation in EPSDT. By linking each child under age 21 receiving MA with a primary care case manager, the Department hoped to improve access to routine preventive medical examinations. Case managers are responsible to assure that children receive immunizations and routine medical screenings called for by the American Academy of Pediatrics and reimbursable under MA. The case manager also serves as a gatekeeper and guide to treatment resources needed from specialized medical providers.

Rates of participation in EPSDT screening services for children over age five have improved significantly, largely because case managers are responsible for seeing that children under their care receive screenings on a timely basis.

Contractual Standards and Monitoring

Implementation of a Family Care Network has been completed in 60 of the 67 counties, and efforts are underway to implement primary care networks or managed care systems in the remaining seven counties. The Department of Public Welfare (DPW) agreed to achieve increasingly more difficult benchmarks in providing EPSDT services in the Scott vs. Snider settlement agreement. But contractual standards and routine monitoring of contractors' performance in completing specific health screenings and immunizations and providing or arranging for necessary treatment are needed to ensure that children are receiving appropriate services. DPW

PROBLEM:

STANDARDS OF CARE AND QUALITY CONTROL MECHANISMS TO ENSURE THAT CHILDREN AND PREGNANT WOMEN RECEIVE ADEQUATE PREVENTIVE HEALTH CARE SERVICES ARE NEEDED UNDER MANAGED CARE PROGRAMS.

addressed the need for standards in the HealthChoices "request for proposals" to institute mandatory managed care for MA recipients in the 5 county Philadelphia region. However, members of the children's health care community will need to work closely with DPW in defining standards and monitoring procedures for implementation of HealthChoices.

Financial incentives can work against provision of comprehensive services in any managed care system. Without careful definition of standards and appropriate monitoring, further improvements will not occur in the rates at which poor children and pregnant women participate in standard preventive health care routines.

The need for standards and monitoring mechanisms is not confined to the Medical Assistance Program. An increasing number of families covered by employer-paid insurance are required to receive health care services from managed care entities. Industry-wide standards for preventive health services for managed care plans would guarantee that children and pregnant women have access to prenatal care, routine check-ups, immunizations, vision, hearing, and dental screening services. Without such standards, families should be able to make their choice of plan based on accurate information about how well various managed care plans provide preventive health care services, as well as how participants needing specialist care are treated.

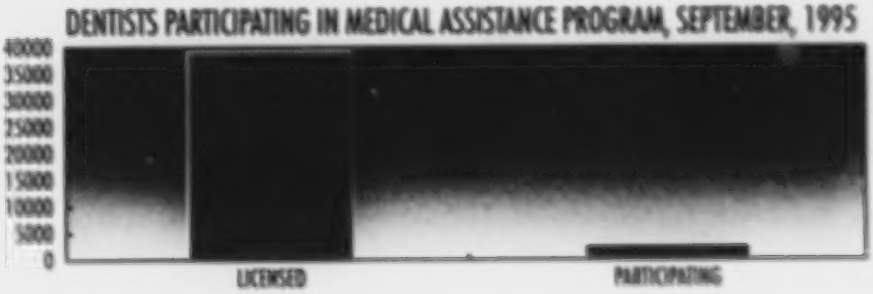
SHORT-TERM OBJECTIVES:

- Standards to ensure delivery of adequate preventive health care services for both children enrolled in MA managed care arrangements and children in non-MA managed care plans must be established jointly by the Departments of Public Welfare and Health. Each Department , however, must monitor managed care providers compliance with such standards in accordance with their respective duties, i.e., Department of Welfare for children enrolled in MA managed care arrangements and Department of Health for children enrolled in non-MA managed care plans.

- The Pennsylvania Health Care Cost Containment Council should collect and disseminate data that can be used to compare how well managed care plans provide basic preventive health care services to pregnant women and children, and how frequently the services of various specialists are approved.

Despite the Commonwealth's efforts to assure children access to medical care by creating the CHIP Program and linking MA children with primary care physicians, many low-income families still cannot obtain needed health services for their children.

A 1994 PPC survey of Head Start programs indicated that substantial problems obtaining needed care exist all over the state. Dental care and mental health services were of particular concern, but drug and alcohol services, pediatric care, general adult health care, speech and hearing services, and allergy care were cited as unavailable in a number of areas.



SOURCE:

Need for Dental Care Acute

Head Start staff attributed the lack of access to dental care primarily to the lack of participation of local dentists in the MA. Indeed, in September 1995, less than 3,000 of the state's 40,000 licensed dentists were participating in the MA Program. Lack of provider participation was seen as a major reason for difficulty in accessing most of the other health services as well. Waiting lists were the major perceived difficulty in accessing drug and alcohol programs.

Mental Health Services for Youngest Inadequate

Appropriate mental health services for children under age five are often difficult to access and inappropriate to meet their needs. More than half of all Head Start programs responding to the PPC survey indicated that appropriate mental health services are not available on a timely basis for their students. The child care provider community has also expressed concerns about the lack of adequate mental health services for our youngest citizens.

Gaps in Prenatal Care Persist

In 1994, nearly 28,000 women who gave birth had their first prenatal care visit after the first trimester. This represents a small decline when compared with the roughly 30,200 women in 1993 who gave birth and had their first prenatal care visit after the first trimester. This slight improvement is partly attributable to improved outreach to pregnant women statewide.

PROBLEM:

TOO MANY CHILDREN AND PREGNANT WOMEN STILL HAVE NO ACCESS TO HEALTH CARE BECAUSE OF LACK OF PARTICIPATION OF MEDICAL PROVIDERS IN THE MEDICAL ASSISTANCE PROGRAM. OTHERS DO NOT RECEIVE CARE BECAUSE THE SERVICES AVAILABLE DO NOT MEET THEIR NEEDS.

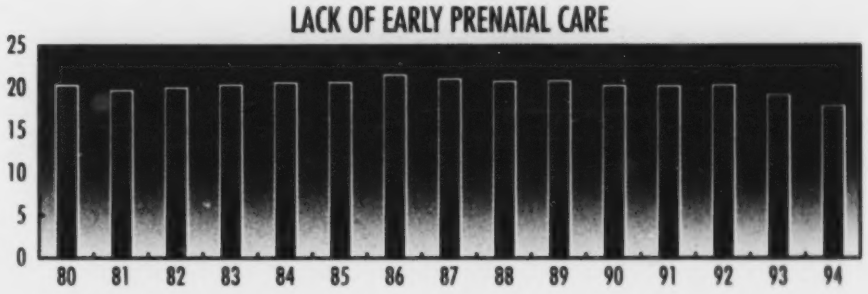
through the Department of Health's "Love Em' With a Check-up" hotline and specifically to Pittsburgh and Philadelphia's "Healthy Start" initiatives.

Reasons for failure to obtain prenatal care still include lack of knowledge about the importance of early prenatal care and the availability of free services; lack of transportation; and perceived unresponsiveness of providers. Pregnant women who are substance abuse dependent are also unlikely to obtain care.

The slight improvement in prenatal care between 1993 and 1994 demonstrates that we now know more about what works in outreach efforts to help economically and socially isolated families access health care. But as the 1994 data showing nearly 28,000 pregnant women not receiving prenatal care until after their first trimester illustrates, there are still significant strides to be made in improving prenatal care outcomes in our state.

		Total	Rate	% Change
State	1980	31,882	20.45	–
	1994	27,894	18.21	-10.99%

SOURCE:
Martha Wade Steketee and Frederick K. Richmond, *State of the Child in Pennsylvania: A 1996 Program and Economic Guide to Child Well-Being in Pennsylvania Counties*, (Pennsylvania KIDS COUNT Partnership, Harrisburg, PA, 1996), p.20.



CURRENT EFFORTS

Dentists Reluctant to Participate in MA

A few local efforts have been undertaken by the Head Start Program to locate dental providers to serve MA eligible children. One program buses children nearly 40 miles from rural Perry County to Harrisburg for dental care. A program in the Northern Tier has made extensive (unsuccessful) efforts in the community to persuade local dentists to participate in the Medical Assistance Program and to see Head Start children. The Department of Public Welfare increased reimbursement rates for some dental services in 1991-92 and in 1993-94. However, access to dental care and other specialty health services remains a serious problem in many parts of the state.

Meeting Mental Health Needs of Youngest Children

The Early Intervention System has thus far not developed sufficient capacity to identify and serve children with social/emotional problems. Mental health services available through the Child and Adolescent Service System Program are sometimes useful. However, difficulties arise in obtaining services when a child's emotional or behavioral issue does not fit into one of the standard psychiatric diagnostic categories. The Office of Mental Health in the state Department of Public Welfare recently published a directory of service providers for children that should prove useful; but in many counties, appropriate services for three- and four-year-olds and their families are not available.

Comprehensive Approaches to Child Development Promising

Children participating in comprehensive early care and education programs like Head Start are much more likely to receive the health care they need. Forty-eight school-linked family centers address a range of health and social service needs for about 5,000 families with young children (primarily those under three). A variety of home visiting programs for at-risk parents and their babies also link families to needed health care services, as do education and training programs for pregnant and parenting teens.

The Department of Health has sponsored six school-based health clinics around the Commonwealth to address the health care access problems of school-aged children, using federal Maternal and Child Health funds. The Jewish Healthcare Foundation of Pittsburgh has been working with the City of Pittsburgh schools and neighboring health care institutions to establish school-based health clinics in twenty different school buildings. The program model has relied heavily on services donated by the health care partners. Only a small portion of the costs have been recovered through public or private insurance programs. But demand for services has been significant—more than 4,000 children utilized the services in 1993. EPSDT-financed school-based health clinics set up in four Mon Valley schools with high Medicaid participation have proven to be financially viable.[1]

A few states have invested significant resources to bring health care services to families and children in schools and other friendly sites in the community such as teen centers.

Public Health Care Essential

County and city public health clinics have filled a number of gaps in service delivery, providing prenatal care and immunizations to families without access to private medical care and performing critical outreach to underserved pregnant women and families. Furthermore, the mission of these public health clinics is essential in fulfilling a community's need to assure overall maintenance of healthy conditions. This mission requires that public health clinics continually carry out a variety of activities including case finding, case management, advocacy for vulnerable populations, managing disease outbreaks, and leadership in public education to promote healthy behaviors and in identifying emergent public health issues.

Important Strides in Reaching At-Risk Pregnant Women

The Department of Public Welfare's Healthy Beginnings Plus Program, initiated in 1990, is an effort to bring low-income pregnant women with a

high risk for poor birth outcomes into prenatal care at an earlier point and keep them there. Providers receive higher levels of reimbursement for providing more comprehensive prenatal services including case coordination, outreach, home visiting, nutrition counseling, and health education. In 1993-94, approximately 40% of pregnant women covered by MA were served. Special pilot projects, funded by the Pew Charitable Trusts and the Howard Heinz Endowment, tested whether even more intensive services would be effective in improving outcomes for pregnant women in areas with high rates of late or no prenatal care, low birthweight births, and infant mortality. Providing transportation, follow-up of missed appointments, translation services, home visits after the child is born, and child care during clinic hours were important enhancements that led to earlier entry into prenatal care and healthier births.

To enable more providers to offer comprehensive prenatal care and to incorporate the lessons learned through the "A Better Start" pilot projects, some modifications are needed in the fee schedule for Healthy Beginnings Plus. For example, the mileage reimbursement rate for transportation is insufficient to support van service in areas without accessible transportation. The reimbursement schedule for home visits and outreach should be changed to allow for appropriate use of nonprofessional community health workers supervised by a professional social worker or nurse. Home visits during pregnancy and after birth should be offered, as needed, through comprehensive approaches, such as family support, linking families with the broad array of services in their community to promote healthy child development.

SHORT-TERM OBJECTIVES:

- The Office of Medical Assistance in the Department of Public Welfare should work with the Pennsylvania Dental Association and the Head Start State Collaboration Project to recruit dentists to become providers under Medical Assistance and develop agreements to serve Head Start and other Medical Assistance-eligible children. The rate structure for dental services may need to be enhanced to accomplish the goal of improving access to dental services for low-income children.

- A task force should be formed of representatives of the Child and Adolescent Service System Program Institute, the Pennsylvania Head Start Association, the Pennsylvania Association of Child Care Agencies, the Family Focus Early Intervention System, the Bureau of Child Day Care Services, the Pennsylvania Community Mental Health and Mental Retardation Providers Association and other relevant parties to develop mechanisms to improve the identification and treatment of children under age five with mental health or social adjustment problems. Strategies that are needed include development of a common definition of what constitutes a mental health concern for young children; training for child care, Head Start and early intervention staff in problem identification, resources available and good intervention techniques for difficult behaviors; and development of more professional staff adequately trained in both early childhood development and mental health.

- The Office of Medical Assistance should also work with the Pennsylvania Medical Society, local chapters of the American Medical Association, and with other provider associations, including the Pennsylvania Chapter of the American Academy of Pediatrics, the Association of Family Physicians, and the Hospital Association of Pennsylvania, to recruit providers for other health care services that are unavailable in particular communities.

- All pregnant women served in the MA Program should receive prenatal care that meets the standards of the upgraded Healthy Beginnings Plus Program.

- Maintain access to health services for low-income children and their families through public health centers. However, small pilot projects could be utilized to test the notion of privatizing some of the clinical functions of these centers.

- The Departments of Public Welfare and Health should carefully examine the utility of the school health services mandated by the School Health Code, and consider whether the $38 million now spent annually to support school health services could be redirected and combined with Medical Assistance funding to better meet children's health needs. The Departments should also examine how other states have gained the cooperation of both private and Medicaid managed care plans to support school-based health clinics in medically underserved low-income areas, and facilitate development of additional school-based health clinics in Pennsylvania.

PROBLEM:

TOO MANY CHILDREN IN PENNSYLVANIA DO NOT HAVE ADEQUATE NUTRITION FOR PROPER PHYSICAL AND MENTAL DEVELOPMENT.

An estimated one-half million Pennsylvania children experience hunger each day in Pennsylvania.[4] For families living below the poverty level, providing adequate nutrition is nearly impossible, despite the fact that poor Americans appear to get more nutritional value out of each dollar they spend on food than do more affluent Americans. According to a federal survey of one-to five-year-olds, low-income children are less likely to receive the recommended daily allowance of 12 out of 16 nutrients than are more affluent children. Lack of adequate nutrition can have lasting consequences for poor children's health and learning.[5]

Inadequate intake of even one nutrient can have serious and long-term consequences on growth and development. Iron deficiency, for example, causes anemia, which affects the ability of red blood cells to carry oxygen from the lungs to all parts of the body. In severe cases, iron deficiency alters brain chemistry. Low iron has been shown to negatively affect children's problem-solving ability, motor coordination, attention, concentration and IQ scores.[6]

Poor children are more likely to suffer from serious nutrition problems such as stunted growth, clinical malnutrition and "failure to thrive" syndrome — all leading to significant learning problems. But even moderate malnutrition can have serious long-term consequences, weakening resistance to disease and affecting motivation and social interactions. Tests show that simply missing breakfast can reduce children's attention and ability to solve problems.[7]

Poor nutrition during pregnancy can lead to low birthweight and other problems at birth. Some types of maternal malnourishment contribute to infant death or serious disability. For example, low-income women are 22% more likely to receive less than half the recommended daily requirement for folic acid than more affluent women. Folic acid deficiency causes spina bifida, anencephaly, and related birth defects. This nutrient is found in dark-green vegetables like broccoli and lettuce, which are eaten less frequently by low-income women — presumably because of their relatively high price.[8]

CURRENT EFFORTS

Federal nutrition programs have provided a minimal safety net for many low-income Pennsylvania children. The Special Supplemental Feeding Program for Women, Infants and Children (WIC) provided coupons for supplemental food to approximately 275,000 women, infants, and toddlers in 1994-95. Since 1986, Pennsylvania has invested state monies in WIC as well in an attempt to reach as many pregnant women, infants, and young children as possible.

Chiefly because of failure to gear up to spend increased federal resources during the past few years, state funds appropriated for WIC have not been fully utilized. Thus, the Administration and General Assembly have chosen to cut state funding for this program. The Governor's 1996-97 budget proposal recommends additional cuts in the state appropriation because of an anticipated increase in the federal allocation for fiscal year 1996. Since the WIC Program reached only 79% of those eligible for the program last

year and federal funding increases in 1997 are unlikely, Pennsylvania should maintain current funding levels and conduct more targeted outreach efforts to reach a greater number of eligible families. Additional families could be reached if primary care case managers in the Medical Assistance Program were enlisted to make WIC referrals.

Other federal programs that provide critical nutritional needs to children's health and development include the National School Lunch Program and the School Breakfast Program. Over 404,000 Pennsylvania children participated in free and reduced price lunches every day of the 1994-95 school year. During that same period, almost 114,000 children participated in free and reduced price breakfasts.

The Summer Food Service Program, which is designed to provide healthy nutritious meals to children when school meals are not available, fed over 101,000 children during the summer of 1995. Over 77,000 children in child care programs also received subsidized lunches and snacks through the Child and Adult Care Food Program during 1994-95.

Congress has been considering a range of changes to federally-funded nutrition programs in efforts to balance the federal budget. The primary theme of proposed changes is to reduce funding and end the ability of these programs to expand automatically in times of economic distress.

Congress is looking to give states broad authority to decide how to spend the funds, and, in some cases, end entitlements to food and nutrition assistance. Such changes would be very harmful to Pennsylvania's low-income children currently relying on federal food programs to meet their nutritional needs.

SHORT-TERM OBJECTIVES

- Maintain basic nutrition assistance programs currently provided under federal funding to the extent possible and plan carefully for changes in program administration resulting from Congressional action, with the help of advocates and providers of food and nutrition programs.
- Continue efforts to reach all WIC eligible women, infants, and children by maintaining the state's commitment to augment the program and to target outreach efforts in a couple of regions in the state.

EARLY CARE & EDUCATION

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EARLY CARE AND EDUCATION

PROBLEM:

PENNSYLVANIA'S CHILD CARE SYSTEM DOES NOT ADEQUATELY SUPPORT WORKING FAMILIES WITH CHILDREN.

Families that need safe, high-quality early care and education for youngsters too often must rely on word of mouth and advertisements to locate appropriate care. Parents express extreme frustration about the painful search for appropriate care for their children. The problem is a source of difficulty for parents of all income levels.

Many have spent long hours trying to locate reliable, high-quality care and found out too late about the availability of a service which their child needed. Families with children having special needs face even more acute gaps in information from these informal networks, given the smaller number of potentially appropriate placements for their children. Similarly, agencies providing care for youngsters professed a lack of knowledge about other services available in the community for the young children whom they served.

Welfare-to-Work Efforts Inadequate

The current two-tiered subsidized child care system fails to adequately support families as they leave welfare for work, and it fails to provide consistent and timely payment to child care providers.

Federal and state welfare reform initiatives will intensify the problem by requiring thousands of mothers now receiving Aid to Families with Dependent Children (AFDC) to participate in training or work without guaranteeing adequate funds to provide child care. The demand for child care will grow under Act 35, Pennsylvania's welfare reform legislation passed in late spring 1996. Under Act 35, all adults will need to "work" within two years of first receiving cash assistance. However, families are not guaranteed child care benefits. Instead, families with children under the age of 6 will be exempt from "work" participation if they do not receive child care. This exemption does not apply to families with children ages six and above. Parents of school-age children may not receive any child care assistance and will still be forced to "work," even if their children will be left unsupervised.

Furthermore, Act 35 contains language that mandates that the greatest number of recipients receive services using a limited pool of resources. This could result in child care benefits being set so low that parents are forced to buy unregulated, and at times dangerous, forms of care. No health and safety standards for care are required.

Consolidation of the eligibility and payment systems for child care assistance to welfare clients with the superior system now in place for low-income working families is needed to adequately support welfare reform efforts. The two separate systems to provide child care assistance have evolved over the past thirty years—both under the jurisdiction of the Department of Public Welfare. One system has been developed to provide child care payments for welfare clients participating in education and training and is operated by the county assistance offices. The other system was established to serve low-income, non-welfare families who need child care to maintain employment or train for employment and is currently operated by child care local management agencies (LMAs) under contract with the Department. The existence of the two systems is no longer

necessary and poses serious obstacles to families as they attempt to become self-sufficient.

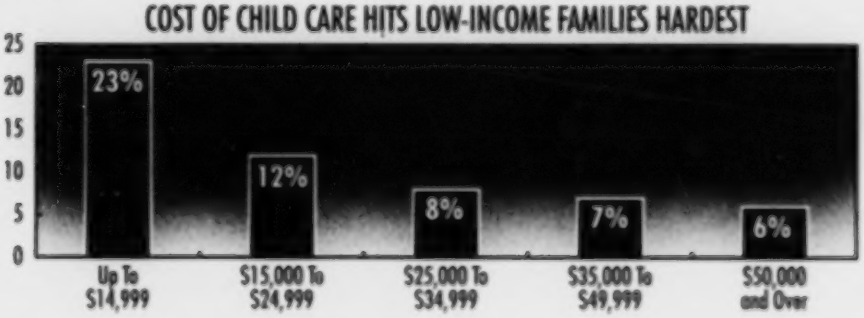
A welfare client who needs child care to participate in job training first receives help from the county assistance office. As he or she completes training and enters employment, the client continues to remain eligible for some type of federally assisted child care. However, since Pennsylvania has failed to integrate the various child care funding streams, this client will have to apply for child care assistance five different times — three times at the county assistance office and twice at the child care local management agency. Many welfare clients drop through the cracks when eligibility for subsidy under a welfare funding stream ends. They do not know that eligibility under the LMA system is even possible.

If our hypothetical client does manage to negotiate the two systems and keep a child with the same provider through the course of training and subsequent employment, the provider will confront four different payment methods. Each has a slightly different calculation of the reimbursement and its own peculiar payment schedule.

Federal regulations in effect during the development of these systems made it very difficult to create a single child care access point. However, current federal rules are more flexible and no longer stand in the way of consolidating the two overlapping systems. Implementation of a single subsidized child care program with a single entry point, continuous eligibility for families participating in training and leaving welfare for work, integrated funding streams and a consistent payment mechanism would greatly improve efforts to help families break the cycle of dependence and achieve economic self-sufficiency.

More Help Needed for Low-Income Working Parents

Additional funding for child care is needed by families leaving welfare for work and by those families earning low-wages. Without assistance, child care typically consumes 25 percent or more of a low-income family's budget.*



SOURCE:

More than 143,000 children under age thirteen in Pennsylvania live in households with full-time working parents with incomes below 235% of poverty, the upper income limit for subsidized child care in the state. As of March 1996, nearly 6,800 children were on the waiting list for subsidized child care.

A 1989 study of early childhood services in Pennsylvania conducted by the University of Pittsburgh's Office of Child Development concluded that parents of half of the children 0-5 years of age who used some type of child care service relied on unmonitored services. Families with low-incomes are much less likely to be able to afford regulated care.[10]

CURRENT EFFORTS

Resource and Referral

The Child Care Partnerships Resource and Referral Division of the YWCA of Greater Pittsburgh has established a comprehensive resource and referral service for Allegheny County. The organization combined funding from the United Way, contracts with employers to assist employees in locating child care, and monies received as the county's state designated local management agency to allocate child care subsidies to eligible low-income families. This funding helped to build an up-to-date database containing substantial information about early care and education programs in Allegheny County. The combined funding enables trained staff to guide and assist families in search of services from the numerous delivery systems.

The existing local county child care management agencies, which operate the state's subsidized child care program, maintain a very rudimentary inventory of child care resources in their counties. Several counties, like Allegheny, have tried to build more comprehensive resource and referral capacity using contracts with employers and charitable contributions. But comprehensive resource and referral services are still not available to most parents in Pennsylvania. Legislation to establish and pay for a statewide resource and referral system has been repeatedly introduced in Pennsylvania, but it has not yet been enacted.

Thirty-nine states have implemented statewide resource and referral services to help families with young children of all income levels locate appropriate early childhood services for their children.[11] Resource and referral services maintain up-to-date information about licensed and registered child care programs, including vacancies, ages of children served, hours, fees, and types of educational programs. They also provide parents with important information about characteristics of high-quality programs and help them to access any financial aid for which they are eligible. Resource and referral services in many states serve additional functions, including collecting data on unmet needs for child care in the community; providing training to providers; and helping to initiate new services for which demand has been demonstrated.

Improving Access to and Quality Care for Welfare Recipients

In recent years, the Department of Public Welfare has taken a number of steps to provide welfare families with access to good quality, developmentally appropriate care and to align the two systems for providing child care assistance to low-income families. A major step was to tie reimbursement for child care in both systems to the market rate for child care established through a semiannual market rate survey.[12] This

allowed welfare families to seek care for their children in regulated family day care homes and child care centers, where care is more likely to be dependable.

It is important to preserve access to regulated care for welfare families in training and employment by continuing to tie payment levels for child care to the local market rate. However, provisions in our state's recently passed welfare reform legislation bring the continuation of this market rate system into question. The Department of Public Welfare, for the first time since 1990, will not conduct the market rate analysis this year.

Another step taken toward achievement of a "seamless" system was giving employed welfare clients a priority for services through the LMA when they do not qualify for extended benefits through the county assistance office. While these are steps in the right direction, many problems remain for clients and providers alike. In addition to the gaps in coverage caused by two eligibility and payment systems, welfare families do not have access to resource and referral services that would inform them of the availability of regulated child care services. Providers who serve welfare clients receiving child care payments through the county assistance office system have serious complaints about the timeliness and accuracy of payments.[13]

While consolidation of both child care assistance systems under the LMAs was considered during the last Administration, it was put aside to allow the new LMA system to mature. Federal and state welfare reform initiatives may provide the impetus needed to establish a single, unified system to provide child care to welfare recipients participating in "work" activities, along with other low-income working families who need subsidized child care. Other states, such as Oregon, have already successfully consolidated their two child day care payment systems, making it possible to provide those leaving welfare for work with continuous care for their children.

The best option for improving access to subsidized child care at this time is to consolidate responsibility for all child care subsidies within the local management agencies. Shifting the responsibility for child care for welfare recipients to the local management agencies makes sense for several reasons:

- A single system that also serves working parents would better support the transition to employment for welfare recipients.
- Because of anticipated federal welfare reform legislation and recently passed state welfare reform, employment and training

staff currently responsible for child care payments for welfare clients in the county assistance offices will, in the future, need to devote significantly more time to assist larger numbers of individuals to participate in training, work experience or employment.

- The resource and referral function that will hopefully be developed by LMAs will greatly aid parents on welfare who are entering training or employment.

Further, Governor Ridge's proposal to reform welfare — Act 35 or RESET (Road to Economic Self-Sufficiency) — which was passed in late spring 1996 by the General Assembly, will require AFDC recipients to participate in an educational program or work-related activity for at least 20 hours a week. However, the provisions of RESET do not specify that parents required to participate will have access to adequate child care. Care may not be available in all types of settings and child day care utilized by these participants will not have to meet any types of standards, including minimal health and safety standards. Parents of school-age children are not assured of child care or "work" exemptions.

Increasing Child Care Resources to Support Work

Governor Ridge's 1995-96 budget did recognize the importance of providing child care funding for those leaving welfare for work and proposed $15 million for fiscal years 1995-96 and 1996-97 to increase the average daily enrollment in subsidized child care by 3,125 children. This proposal was approved by the General Assembly. While this does not eliminate the current waiting list of more than 6,800 children, it does represent a significant investment.

As Pennsylvania implements RESET, access to subsidized child care will be pivotal in helping those on welfare become self-supporting. At the same time, access to child care benefits will be essential to help non-welfare families subsisting on low-wage jobs to buy the care they need to remain productive members of the economy. The latest welfare reform proposal at the federal level, put forth by the National Governor's Association in late winter 1996, calls for adding $4 billion for child care over seven years. States could draw down these additional child care funds even if they make substantial cutbacks in state monies for cash grants, "work" efforts, and child care. Thus, this new child care funding could supplant current state child care spending. Governor Ridge and legislative leaders must make it clear to Pennsylvania's Congressional Delegation that welfare reform requires adequate resources for child care.

A recent study conducted in Minneapolis, Minnesota, which followed families waiting for subsidized child care, made a compelling case that failure to provide help with child care *costs* the state more than it would have spent providing it. Without child care, one-quarter of the families on the Minneapolis subsidized child care waiting list turned to AFDC for economic survival, and one-half depended on food stamps and Medical Assistance. During the eighteen months of the study, the cost of supporting waiting-list families that resorted to public assistance was $595 more per

month than providing child care assistance would have cost.[1] If the same rate of welfare use in Minneapolis is true of waiting-list families in Pennsylvania, the costs that could be avoided are staggering.

While the great majority of the Minnesota waiting-list families continued to work, many incurred overwhelming debt or filed for bankruptcy. Many children on the waiting list have fragmented, inconsistent care, and are deprived of an appropriate early childhood education.

SHORT-TERM OBJECTIVES:

- Design and implement a community-based resource and referral system to help parents locate appropriate early care and education services. The keystone of this effort should be strong consumer education coupled with referral counseling. Contracted resource and referral agencies should maintain standard computerized information on child care centers, group homes, family day care homes, Head Start, pre-schools, before- and after-school child care, summer child care programs, kindergarten and early intervention services. All parents in need of early care and education services should be eligible for help from the resource and referral system. Fees could be charged on a sliding scale to higher income families. Information should be available by phone for parents unable to come in person to seek help. The availability of resource and referral services should be widely publicized in each county.

- As a major priority for 1996-97, the Department of Public Welfare should form a work group with the key staff from the Office of Income Maintenance, the Office of Children, Youth, and Families, and leadership from the child care community to design and implement a single subsidized child care eligibility and payment system that provides uniform access to and payment for services through the local management agencies. Computer system development resources will need to be committed to the project as well.

- Work with the Department of Public Welfare to assure that all parents required to participate in RESET have access to child care they need in all types of settings, and to assure that all types of child care meet minimum health and safety standards.

- Continue to expand funding for subsidized child care in 1996-97 in order to support more families attempting to become or remain self-sufficient.

LONG-TERM OBJECTIVES:

- Local resource and referral services should eventually expand their scope to provide information about other essential services for families with young children such as Medical Assistance, the Children's Health Insurance Program (CHIP), and food assistance such as Women, Infants and Children's Supplemental Feeding Program (WIC).

- Resource and referral agencies should also conduct centralized data collection for state and local planners, provide training and technical assistance to employers, provide training and technical assistance for service providers, conduct public education and foster development of additional early care and education resources needed in the local community.
- Pennsylvania should create a tax credit or similar incentive to encourage employers to augment state support for resource and referral services for their employees, as well as other family-friendly employee benefits.
- Continue expansion of subsidized child day care slots so that 24,000 additional children will be served on a daily basis by 2001. Expansion of subsidized child care funding is needed to accommodate additional families leaving welfare and help low-income wage earners remain "welfare free."

PROBLEM:

TOO MANY CHILDREN IN NEED OF EARLY CARE AND EDUCATION ARE NOT RECEIVING COMPREHENSIVE, HIGH QUALITY SERVICES.

Inadequate Training

Although research indicates that the level of staff training is one of the major variables that distinguishes high-quality child care from poor-quality care, only six hours of training is required for direct caregivers each year.

Dedicated funding for training and federal program standards have enabled the Head Start Program to achieve a well-trained workforce. In 1993-94, teachers, teacher's aides, home visitors and social service staff received an average of 58 to 60 hours of in-service training (only 43 to 45 hours are required). To boost the quality of child care programs in Pennsylvania, child care staff in day care centers, group day care and family day care homes need more than the six hours of training they are now required to receive annually.

Because Head Start is generally a part-day, part-year program, planning for classroom activities and training time can easily be incorporated into the work hours of staff. This is not the case for the child care system. Staff typically work 40 hours a week throughout the year, so planning and training activities require commitment of additional, usually uncompensated work.

Difficulty Hiring and Retaining Qualified Staff

Forty-one percent of the state's Head Start Programs reported difficulty hiring qualified teachers in 1993-94; 31% had difficulty hiring qualified teacher's aides. Sixty percent of the Head Start programs responding to the PPC Survey gave low pay as the chief obstacle to finding appropriate staff; nearly a third blamed the problem on an inadequate supply of appropriately trained individuals. One-third of the Head Start programs that responded to the PPC survey indicated that they had difficulty hiring sufficient teachers, home visitors and social services workers that reflected the racial and/or ethnic backgrounds of the children they serve.

The 1989 survey of licensed child day care providers conducted by the University of Pittsburgh showed that nearly 60% had difficulty hiring staff, primarily because of low salaries. By contrast, 4% of public schools report difficulty hiring staff.[15] Turnover is a significant issue for child care agencies, too. A 1992 child care staffing study commissioned by the Pennsylvania Association for the Education of Young Children indicated that child care turnover approached 33% in licensed programs in 1991-92. Clearly, low salaries are a major contributor to this problem.[16] In a major study of quality in child care settings, the National Child Care Staffing Study found that the best predictor of quality child care is the level of staff wages. Low wages cause turnover, which disrupts the critical relationships needed to meet children's needs for care of a reliable adult.

Facility Acquisition, Expansion and Renovation Costly

Head Start programs report difficulty expanding program capacity to serve additional children due to a lack of suitable, affordable space. More than 80% of Head Start programs responding to the PPC survey recently looked for additional or different space. Sixty-five percent reported that appropriate facilities were not available for rent or purchase at prices that were affordable. Twenty-five percent of programs citing difficulty providing full day services report that their facility doesn't meet child care licensing standards.

The establishment of new child care centers is also impeded by the high capital costs of making space suitable for children in order to comply with licensing and other physical requirements. Family day care homes have trouble meeting registration requirements as well. Recently, a significant number of family day care homes ceased to operate because of the high cost of installing interconnected smoke alarms. Clearly, financial assistance to meet extraordinary costs of facility acquisition, renovation or upgrade would be useful.

Comprehensive Services Needed

The needs of low-income children and their parents are often not adequately met by the early care and education programs available to them. Families may need full-time care, or access to health care, social services or parenting support. In some areas of the state, child care that includes educational activities is non-existent.

While the Head Start Program provides a comprehensive child development program with excellent family support, it generally fails to meet the needs of working parents for high-quality early care and education programs during all of their working hours. According to the PPC statewide Head Start survey, at least 14% of participating children need full-day, full-year child care because their parents work full-time. An additional 12% to 15% need full-time child care because of their parents

participation in job training or education activities. However, fully one-third of Head Start programs are unable to make any care arrangements for children needing full-day care, and even those that have some full-day capacity cannot serve all who need it.

Programs not able to provide full-day care cite their inability to meet child care licensing requirements, lack of space, lack of sufficient demand, and inadequate child care subsidies for full-day care as obstacles to providing such care. Congressional action on welfare reform will likely increase the need for full-day, full-year services, as work requirements and time limits for receiving benefits substantially increase the number of Head Start parents in full-time training or work. Welfare reform will also create a need for additional work experience and training opportunities for Head Start parents. Because of the full range of support services already provided by the program, Head Start makes a natural resource for providing more training capacity for the state's welfare-to-work efforts.

Subsidized child care programs serving low-income working parents do provide full-day, full-year care, and center-based services generally include an education component comparable to that provided through Head Start centers. They do not have sufficient resources, however, to offer help to parents in accessing health and social services programs, and they are generally unable to offer parenting support and education activities.

In some rural and urban communities with high proportions of participation in the Aid to Families with Dependent Children (AFDC) Program, high-quality, center-based child care — with or without additional services — is virtually non-existent. The scarcity of service is directly related to the lack of a private paying market that enables a service provider to remain solvent. Yet, in many of these same communities, there is a high demand for child care services by very low-income families, both working and on AFDC. In these areas, families participating in education and training or leaving welfare to work have no choice but to use informal, usually unregulated, and often unreliable care.

CURRENT EFFORTS

Training Requirements

The six-hour training requirement is relatively recent in Pennsylvania and guarantees only a minimum threshold of training. Some funding dedicated from the federal Child Development Block Grant has been useful in improving access to training and defraying the cost for programs with few resources. However, these efforts need to be expanded and improved. Experts have found that to achieve noticeable improvement in quality of care in family day care homes, 18 to 25 hours of training is needed.[17]

Twenty-two states require more training for child care center teaching staff than does Pennsylvania, although only three states require more than six hours of ongoing training for family day care home operators. Unlike Pennsylvania, a number of states require pre-service training as well as ongoing training.[18]

Delaware is attempting to create a statewide training system that will enable staff to accumulate college credits toward an early childhood

education degree through the ongoing training system. Eight of the state's colleges that already offer an early childhood curriculum are participating.[29]

Connecticut is also developing a statewide coordinated training system for child care staff. The state has created a training support fund to provide assistance to child care personnel to defray expenses such as fees for a CDA credential, tuition reimbursements for child care and early childhood courses, and fees to pay substitutes for staff participating in training.[30]

Attracting Qualified Staff

Federal Head Start quality improvement funds have been used several times in recent years to upgrade Head Start salaries. By contrast, only one rate increase has been implemented in the past ten years with the express purpose of raising child care staff salaries. Average teacher salaries in both Head Start and child care are less than forty percent of the public school teacher salaries.[31]

The General Assembly adopted an Early Childhood Professional Loan Forgiveness Program in 1993. The program was designed to pay up to $10,000 of the PHEAA debts for staff employed in a DPW-approved child care center or group day care home who have used a PHEAA loan to complete a bachelor's degree and have either earned a certificate in Early Childhood Education or an associate degree in early childhood education or child development. The loan forgiveness program makes it less costly to work in a child care program for individuals who have accrued educational debts in order to obtain training.

This new program is very successful. In 1994, a third more people applied than the program's funding could help, meaning participants had to be chosen by lottery. Participants are not guaranteed funds for subsequent years, but must again compete for funding. The loan forgiveness program not only encourages entry into the child care field, but it also helps reduce the expenses of underpaid staff. Despite the success of this new program, the Governor's 1996-97 budget proposal would phase out this important investment in improving the early care and education workforce.

Ohio, Maine, Vermont, and Wisconsin have structured their reimbursement systems for subsidized child care to pay higher rates to programs that meet the higher standards established for child day care centers by the National Association for the Education of Young Children. The higher rate allows accredited programs to pay higher salaries and retain more staff.[32]

Improving and Expanding Facilities

Several bills have been introduced in the Pennsylvania General Assembly to establish a low-interest capital loan fund for child care facilities for both physical modifications to meet licensing and/or registration requirements and to expand. At least eleven states have already established loan programs to develop or expand private child care facilities.

The Massachusetts Industrial Finance Agency (MIFA), a quasi-public corporation created in 1978, provides a number of financing vehicles for small businesses, manufacturers and non-profits as a way to encourage business development. In 1986, MIFA established a revolving Child Care

Facilities Loan Fund to provide low-interest loans of up to $250,000 to child care providers and businesses for the acquisition, construction, renovation or purchase of equipment for child care facilities sponsored by corporations.[73]

Maryland has created a Family Day Care Provider Direct Grant Fund to reimburse providers up to $500 for funds expended to meet state or local regulations. The grant is contingent on agreeing to provide care for at least one year for categories of children for whom appropriate programs are in short supply, i.e., infants, special needs children, school age children or subsidized children. Maryland also has a loan fund providing $1,000 to $5,000 to help child care centers meet licensing requirements.[74]

Illinois has established the Illinois Facilities Fund by issuing ten-year, tax-exempt bonds, with a philanthropic guarantee as collateral. The Fund will provide financing to develop ten large centers in disadvantaged neighborhoods to not only provide state-of-the-art child care, but it also will provide support for staff development.[75]

Federal Developments Threaten Efforts to Improve Quality

Existing federal provisions to strengthen the quality of child care and Head Start programs are slated for elimination. Thousands of staff from both programs have achieved certification as Child Development Associates for more than a decade. This federally supported training program has allowed staff to receive support to improve their knowledge of child development, safety, health and appropriate teaching techniques while they work in child care or Head Start settings. Funding for this program is slated for elimination at the end of the current fiscal year.

Legislation that mandates that states utilize a portion of their federal child care dollars in efforts to enhance quality could also be repealed, which may create additional problems. Pennsylvania has used the money set aside for quality improvements to increase the number of staff hired to conduct inspections of child care facilities. In addition, this money has been used in Pennsylvania to develop school-age child care programs and family centers and to train child care workers. With the increasing demand for subsidized child care that is anticipated to come from welfare reform efforts, an emphasis on improving quality could get lost in the shuffle of competing demands.

Building Comprehensive Services

A survey by the Pennsylvania Head Start Administrators' Association, completed last year, identified a number of successful collaborative efforts between child care programs and Head Start to provide full-day care. In Selinsgrove, the Snyder/Union/Mifflin Child Development Center has crafted a program that blends Head Start, child care and early intervention funds, serving children needing any or all of these services with a comprehensive approach. However, full-day, full-year services are not widely available for Head Start participants.

A number of Head Start Programs in Pennsylvania have started GED classes and some offer opportunities for parents to pursue Child Development Associate credentials. A few have become sites for internships for participants in the Single Point of Contact Program for welfare recipients

preparing for employment. Much more could be done, however, to take advantage of Head Start to help parents enter the labor market.

Illinois has initiated a grant program available to both Head Start and child care programs to pay for components needed to create a comprehensive, full-day, full-year program that provides education, health, social services and parenting support and education.[36] A few states that operate voucher systems for subsidized child care have addressed the problem of lack of comprehensive child care programs in isolated high poverty areas or for particularly needy populations. This has been done by making special contractual arrangements that guarantee payment for a negotiated level of child care slots in specified areas.

Oregon's Head Start State Collaboration Project has worked extensively with the Head Start and child care communities to develop workable full-day, full-year models and financing plans that could be employed to provide comprehensive services at Head Start sites, child care centers or preschool programs and family day care homes. The projects have been able to successfully blend child care and Head Start funding streams, but not before unifying the various child care funding streams. The disparities in pay levels for Head Start and child care staff posed major obstacles to blended programming, but several workable models have been developed.[37]

SHORT-TERM OBJECTIVES:

- **Pennsylvania should improve the quality of child care for the thousands of children who rely on it by upgrading the training standards for care providers and subsidizing its cost. Each direct care staff person should be required to receive at least 25 hours of training per year. In order to pay for training on the child care side of the early care and education system, a minimum of 2% of all funding dedicated to child care should be set aside for that purpose, as in both the Early Intervention and Head Start Programs. In the initial year, new funding will be necessary to improve the training system without decreasing the number of subsidized slots. A pool of resources to provide funds for overtime pay or substitutes for staff will be necessary to implement this measure.**

- **A competency-based, articulated training system that allows entry level staff to achieve a CDA or similar credential should be designed to meet the needs of Head Start, child care, and early intervention programs. In 1996-97, the Governor's Office should convene a task force that includes the Pennsylvania Head Start Association, the Pennsylvania Association of Child Care Agencies, the Pennsylvania Association for the Education of Young Children, the Family Focused Early Intervention System, Family Day Care Providers Association, the Alliance for Early Childhood Education, the Early Childhood Education Linkage System, the Offices for Children, Youth and Families, Income Maintenance and Mental Retardation (DPW), the Bureau of Special Education and Division of Early Childhood and Family Education (PDE), the State Board of Education, community**

colleges, and other adult education providers to collaboratively develop such a training system.

- The existing Early Childhood Professional Loan Forgiveness Program should not be eliminated and the funding of the Program should be raised so that assistance can be given to more early care and education professionals. In addition, eligibility criteria should be changed to allow Head Start and registered family day care and group day care home employees, who are not currently eligible for the loan forgiveness program, to qualify. The current certification requirement in the legislation should be removed. The $18,500 salary cap should be eliminated because it penalizes staff who take on increased responsibility, and it does not make sense since salaries vary widely within the state, depending on geographic location.

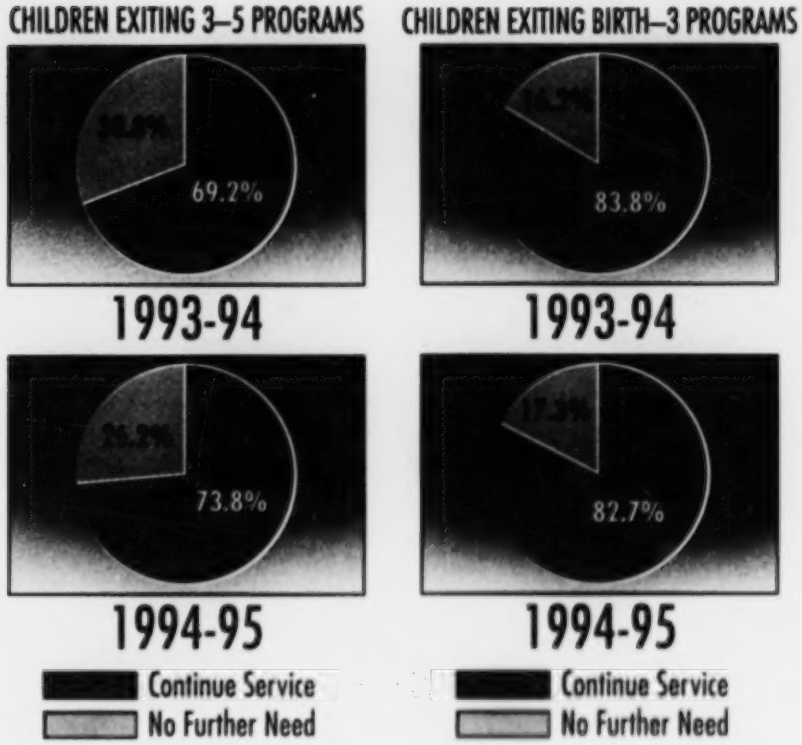
- The existing low-interest Capital Loan Fund should be amended to provide loans for facility construction and renovation to enable both Head Start and the child care industry to improve or expand their physical capacity or meet licensing and regulatory standards.

- The state should encourage child care and Head Start programs to improve quality by achieving accreditation by the National Association for the Education of Young Children or the National Association of Family Child Care by establishing a fund to help programs pay the costs of the accreditation process. Rates under the Department of Public Welfare's child care fee schedule should provide a higher daily fee for accredited programs.

- The Commonwealth should use a portion of the federal funding available to Pennsylvania for the Head Start State Collaboration Project, along with additional state dollars to fund a competitive grant program, to foster more comprehensive approaches to providing early childhood care and education services to low-income children. The grant program should be used for developing: 1) full-day, full-year Head Start services; 2) health, social services and parent involvement components for licensed child care centers serving high proportions of low-income children; 3) comprehensive child care programs with supportive services for neighborhoods where such services cannot currently afford to operate or for populations with special needs such as teen parents; and 4) model projects to help welfare-eligible Head Start parents to obtain needed employment skills, support and experience to obtain a job.

LONG-TERM OBJECTIVE

- As the new training system is implemented, state training requirements for staff should be strengthened to require progress toward achieving early childhood certification. The achievement of this credential should be rewarded in the industry with increased pay.



SOURCE:
Pennsylvania State Interagency Coordinating Council. Annual Report Submitted to Governor Ridge. 1995. pg 12

Improving Educational Outcomes of Children With Developmental Delays
With passage of Act 212 of 1990, Pennsylvania made an important commitment to identify infants and toddlers with or at risk of developmental delay at the earliest possible point and provide them with a range of services needed to mitigate the effects of the diagnosed physical or mental disabilities. The reason for early intervention is that the sooner services to children and their families begin, the better the outcomes — and the more likely additional, more expensive services can be avoided.

Services in the past six years have expanded significantly, reaching 13,000 children under age three in the 1995-96 fiscal year. Evidence of the success of this approach is convincing. In 1995, the Pennsylvania State Interagency Coordinating Committee reported that institutional placement of young children in mental retardation intermediate care facilities and community residential care facilities had gone down by two-thirds since 1992-93.

Furthermore, 17% of children exiting birth-to-3 programs needed no additional services, and 26% of those leaving 3-5-year-old programs needed no more services. The impact on reducing future costly additional special education services can be expected to be significant. Yet, the costs of Pennsylvania's program compared favorably to average costs of early intervention programs nationally.

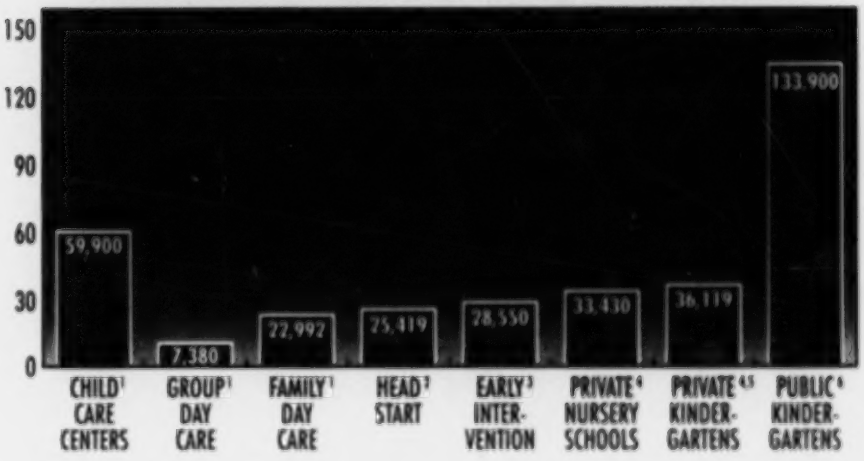
PROBLEM:

ALTHOUGH HIGH QUALITY EARLY EDUCATION IS THE KEYSTONE FOR SUCCESS IN SCHOOL, PENNSYLVANIA HAS FAILED TO BUILD A WORLD-CLASS EARLY EDUCATION SYSTEM.

All Children Need Preschool

Access to a high-quality, pre-kindergarten program is recognized as a key means to fulfill the first National Education Goal that by the year 2000 every child should enter school ready to learn. The 1990 Census data indicated that only 34% of poor three- and four-year old children were attending some type of pre-school program in Pennsylvania, compared to 71% of non-poor children. [28] In 1994-95, at most, 45% of eligible low-income children were enrolled in Head Start. More than 8,400 children were placed on waiting lists.[29]

CHILDREN SERVED IN VARIOUS EARLY CARE AND EDUCATION SETTINGS*



SOURCES:

* Children served for in unregulated settings not shown.

1. Estimated capacity of these facilities as of Dec. 1995, Bureau of Child Day Care Services, PA Dept. of Public Welfare.
2. Head Start Slots, point in time count, 1992, Administration for Children and Families, includes 0- to 3-year-olds.
3. Children Served in 1993-94, Bureau of Special Education, Dept. of Education and Bureau of Community Programs, PA Dept. of Public Welfare.
4. Enrollments as of Oct. 1, 1992, Division of Nonpublic and Private School Services, PA Dept. of Education.
5. Some unlicensed private kindergartens operated by religious organizations are included in this figure.
6. Average daily membership for 1993-94 school year, Bureau of Fiscal Administration, PA Dept. of Education.

This is tragic, given the fact that children who begin behind, stay behind. A 1990 study found that low-income children starting first grade have been exposed to an average of 25 hours of one-on-one picture book reading, compared with middle-class children who have been exposed to 1,000 to 1,700 hours of reading.[30] Indeed, low-income children start school with just half the vocabulary of middle-class children. This gap continues to widen as low-income children progress through school.

It is also tragic, given the clear research and evidence that a Head Start-like experience for disadvantaged children not only significantly improves their school performance and graduation rates, but also reduces the probability that they will become pregnant while a teen, be unemployed and be involved in criminal activity.

Full-Day Kindergarten Opportunities Needed

Full-day kindergarten is increasingly recognized as critical to children's school success — particularly for children at-risk of school failure. However, fewer than 15% of Pennsylvania's public kindergarten students are now afforded this opportunity.

Studies by the School District of Philadelphia show that first-graders who received full-day kindergarten demonstrated higher performance in reading and math, better attendance and lower failure rates than those who received only half-day service. Half-day attendees performed better than those who did not attend kindergarten at all.[31] A Chicago study of kindergarten for low-income students also concluded that students

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attending full-day classes achieved at higher levels than those attending half-day classes.[xi]

Elementary school teachers and principals eloquently express the inadequacy of half-day kindergarten for children from low-income backgrounds. One teacher said, "There is barely enough time to hang up coats and have a snack before it's time to go home." A first grade teacher compared two classes she had taught recently, one whose members attended full-day kindergarten and a subsequent class which only had half-day kindergarten. Children who had had a full-day experience were much better prepared for first grade, both socially and academically.

Children are not required to attend school in Pennsylvania until age eight. While this anachronistic law does not affect most children, lack of an appropriate statewide standard means the age for starting school varies from school district to school district.

Elementary Teachers Lack Training in Early Childhood Development

Children leaving Head Start programs and other child care or preschool programs with developmentally appropriate education components often have a difficult transition to kindergarten and the primary grades because instructional programs are not suited to their age, maturity and/or learning needs. Teachers in child care programs and Head Start are generally expected to have training in early childhood education. But the training required of elementary school teachers, whether they teach kindergarten or sixth grade, includes no special training relating to the developmental needs of children from kindergarten through age eight.

The 1989 survey of Pennsylvania's early childhood programs conducted by the University of Pittsburgh found that nearly a quarter of public school kindergartens administered readiness tests for admission to their programs, despite research findings that they are not validated for this purpose and are illegal.[11]

In the PPC Head Start Statewide Survey, Head Start programs indicated that more than 300 school districts routinely reject five-year-olds from kindergarten. A more developmentally appropriate approach would not exclude children on the basis of their inability to sit still for three hours straight, or lack of mastery of the alphabet, for example, but would recognize the wide range of preparation and maturity exhibited in the five-year-old population. Teachers should be trained to work effectively with heterogeneous ability groups and to provide opportunities for active learning.

Inequitable Funding Undermines Quality of Education

School districts with high proportions of poor children are not able to provide an equal educational experience due to inadequate and inequitable funding bases. The Pennsylvania constitution guarantees each person a "thorough and efficient" education. As the gap between what the rich and poor, urban, rural or small school districts can spend on their students continues to widen, the development of a statewide educational funding system which eliminates the inequities in spending at the school district level is needed more urgently than ever.

Growth in investment in public education over the past decade and a half has been slow due to low economic growth and competing demands for funding in nursing homes and prisons. Indeed, while spending for prisons increased by 83% over the past five years, funding for basic education has increased by only 26%. This increase encompasses the Governor's proposed 0% increase in state monies for basic education from fiscal years 1995-96 to 1996-97.

The method of distribution of increases in school funding has exacerbated the problem of inadequate resources — resulting in some troubling inequities in the level of support provided for students in Pennsylvania's 501 school districts. The disparities have led to a major lawsuit filed by a group of small, rural and poor school districts against the Commonwealth challenging the basic formula for distributing school funding. Urban school districts with high concentrations of the most disadvantaged students are also in dire financial straits.

Pennsylvania's low-income children, who are at the greatest risk for developmental delays, lack of readiness for school, low achievement, high dropout rates and failure to successfully enter the world of work face the biggest educational barriers. Yet, the school districts that are charged with their education are working with far fewer resources than their more affluent counterparts.

CURRENT EFFORTS

Early Intervention Cost Containment Proposed

The Administration's 1996-97 budget proposed to substantially alter the current early intervention supports and services for infants and toddlers by withdrawing from Part H of the federal Individuals with Disabilities Education Act — IDEA — currently the basis for Pennsylvania's law. This action was sought in order to allow Pennsylvania to better control costs of early intervention services. The state would forgo substantial federal funding ($11.3 million dollars in 1996-97) by withdrawing from Part H of IDEA. Programmatic changes were also proposed for services mandated through Part H, such as imposing a statewide per child cap on the amount of funding the state would provide to counties and limiting the kinds of supports and services that would be offered to families.

Further, the Pennsylvania Department of Education (PDE), which administers early intervention services for preschoolers (ages 3 to "age of beginners" — usually age five) mandated through Part B of IDEA, also put forth proposals for changes. Some of PDE's proposed changes included redefining eligibility; requiring local school districts to pay for services when children reach kindergarten age; discontinuing payments for transportation; and extending the time period for mandatory Individualized Education Plan reviews from six to twelve months and mandatory reevaluations from one to two years. These changes would require amending the state Early Intervention Services System Act (Act 212).

In early May 1996, Governor Ridge and his staff met with key members of the General Assembly and representative leaders in the early intervention field to develop an agreement regarding options for cost containment. At this meeting, the Governor agreed to accept recommendations listed below. These recommendations were made to the Governor by the State Interagency Coordinating Council after spending the spring of 1996 listening to families of children with developmental delays, professionals in the early intervention field, providers of supports and services, representatives of the Departments of Public Welfare and Education, and members of the General Assembly to determine the impact of the proposed changes.

Recommendations on early intervention agreed to by Governor Ridge:

1) to rescind the proposal to withdraw from Part H;
2) to support the General Assembly's effort to commission a bipartisan review of the early intervention system (administered by the Departments of Public Welfare and Education) by the Legislative Budget and Finance Committee;
3) to suspend any proposals to amend Act 212 pending this review;
4) to maintain the FY 1997 request for an additional $6.5 million in state funds for early intervention services; and
5) to work with the State Interagency Coordinating Council to continue exploring viable ways to address cost containment.

Toward Universal Access to Preschool

Current state law theoretically provides access to reimbursement for a four-year-old to attend kindergarten through the state subsidy at the same rate

provided for kindergarten. However, given the lack of space, high cost of transportation, and the fact that school districts have been receiving only modest increases in the state subsidy for the past five years, the cost of offering kindergarten for four-year-olds is rarely affordable by most school districts. Thus, only 21 districts offered any four-year-old kindergarten in 1994-95.[34]

However, there is growing recognition of the need and importance of providing high-quality preschool experiences to low-income three- and four-year-olds. Under the leadership of the United Way of Allegheny County and the Howard Heinz Endowments, Allegheny County has recently embarked upon an effort to raise private money to increase participation in high-quality child care, Head Start or preschool enrichment and education for low-income children. The initiative seeks to increase participation in that community from the current level of 43% to a minimum of 67% in the next five years.

Several recent community needs assessments in Philadelphia have identified school readiness as a major problem. Almost one of four first graders are not able to be promoted to second grade. Kindergarten and first grade teachers report high rates of absenteeism which has been linked to untreated illness, chaotic living conditions, and other barriers. By ninth grade 80 percent of the students in most public high schools have shown some signs of being at risk of failure — fewer than half have earned enough credits to enter tenth grade. A School Readiness Project has been established to bring together the Commissioners of Health and Human Services, the Superintendent of Schools and other key agencies to plan a city-wide strategy to redesign services to improve school readiness of children under the age of five. The first step, taken in September 1995, was a major expansion of full-day kindergarten for five-year-olds.

State Initiatives to Increase Participation in Preschool

In the past 15 years, a large number and wide variety of states have invested significant state dollars to create pre-kindergarten programs to provide access to educational services, health and social services, and parent support to help low-income and other children at risk of educational failure to succeed in school.

A survey completed by the Children's Defense Fund found that thirty-three states had launched state-funded pre-kindergarten programs, investing $665 million in 1991-92 to serve 290,000 children. Some states supported only small programs, but Ohio, California, Florida, Illinois, New York, Texas, Kentucky, Alaska, Georgia, Washington, and Oregon are serving substantial numbers of low-income children through these efforts.[35]

Ohio's Governor George Voinovich and the Ohio state legislature have, over the past four years, invested sufficient state funds to extend Head Start services to an additional 15,000 children, so that 62% of eligible children are now being served. The state has committed to serve 100 percent of Head Start-eligible children by 1996 with either Head Start or state pre-school funds. A number of other states have invested significantly in comprehensive preschool for at-risk children.[36]

Kentucky launched a state-funded preschool program as part of its 1990 Education Reform Act. It serves all four-year-olds eligible for school lunch and three- and four-year-olds with disabilities by providing at least a half-day educational program. The program also includes the Head Start components of parenting support, nutrition, health screening and social services coordination. The program served more than 17,000 children in 1993-94. An evaluation of the program conducted in 1992-93 showed that at the preschool, kindergarten and first-grade levels, participants in the preschool program scored as well or better than non-participants on the Batelle Developmental Screening instruments, as well as scoring significantly higher on another measure of academic competence.[37]

Colorado's smaller scale preschool initiative for at-risk students achieved significant measurable improvements in language development. In addition, Colorado demonstrated a significant savings in special education costs.[38]

Incentives Offered for Expansion of Full-Day Kindergarten

All school districts in Pennsylvania offer kindergarten classes to some or all of their resident families, despite the fact that kindergarten is not presently mandated by state law. Yet, only 93 of the 340 poorest school districts in Pennsylvania offered full-day kindergarten classes in 1992-93, and not all of them offer this important opportunity in all of their schools. There has been virtually no growth in the number of full-day kindergarten slots over the past several years, with the exception of Philadelphia's effort to expand in the current school year.

Philadelphia is attempting to expand full-day kindergarten over a two-year period to cover all students as part of a comprehensive reform program and the settlement of a desegregation law suit. In order to accomplish this goal, other programs serving young children have had to be terminated due to space shortages. In this era of stagnant school revenue, few school districts can afford to modify their programs and physical plants to expand full-day kindergarten.

Legislative proposals have been introduced to offer incentive payments to eligible school districts (those with aid ratios greater than or equal to 0.50) for operating full-day kindergartens. The beginning investment would be a one-time payment of $500 per student in full-day kindergarten to those eligible districts which operated full-day kindergarten in school year 1995-96 (at lest 10 pupils in average daily membership). Thereafter, eligible school districts that operated full-day kindergarten in 1995-96 and expanded their full-day kindergarten program (added classes with at least 10 more full day kindergarten in average daily membership) in 1996-97 would receive an incentive payment of $1,000 per student in full-day kindergarten for the additional students.

Efforts to Improve Primary Teaching

A few school districts are making special efforts to meet the special needs of children under age eight by decreasing the class size and by using mixed-age class groupings that allow young students to stay with a teacher for two or more years. However, no incentives currently exist to encourage school districts to make special efforts to meet the developmental needs of their youngest students, and the training requirements for kindergarten through third grade teachers do not include adequate emphasis on the special needs of five- to eight-year-olds.

A few states have attempted wide scale improvements in early elementary education. As part of Kentucky's Education Reform Act of 1990, for example, major changes were made to respond to research findings in the field about how young children learn. Classrooms are now multi-age and multi-ability. Students stay with the same teacher for several years, and parent involvement and developmentally appropriate practices are stressed.[39]

School Equity Problems Ignored Recently

In 1993-94 and again in 1994-95, rather than relying on the school subsidy formula to distribute new aid to schools, the Governor and the General Assembly addressed the financial disparities of some small and rural school districts. The concept of "foundation funding" — guaranteeing a basic minimum floor of funding for each student — was introduced to help those districts spending the least per pupil.

While this approach began to address the equity problem, significantly more investment is needed to correct the problem. However, the Governor's budget proposals for 1995-96 and 1996-97 failed to make any progress on achieving school equity.

Further, Governor Ridge's 1996-97 budget proposes cutting funding for vocational education and special education. Meanwhile, school enrollments last year were up approximately 1.7% and the national inflation rate is about 2.5%, which means public education in the Commonwealth will be at least 4.2% more expensive on average this year than last. With no proposed increase in basic education funding and proposed cuts in vocational and special education, these costs will be shifted to the local level. Poor, urban, rural and small school districts lack the local tax base to make up these shortfalls. In 1996-97, under the Governor's proposed budget, the state will reimburse just 35.6% of classroom costs - down from 37% in the current year and a 30-year low.

The state's declining investment in public education will only exacerbate the disparities between the poorer and richer school districts. Pennsylvania must create a statewide education funding formula which will eliminate the disparities among districts. Alternatives such as vouchers must not be accepted in the absence of adequate appropriations to address the financial needs of public schools, especially where enrollments are growing and the educational task has become more challenging.

SHORT-TERM OBJECTIVES:

- Maintain Pennsylvania's commitment to provide high quality early intervention services to infants and toddlers who are developmentally delayed and at risk of delay by retaining participation in Part H of the federal "IDEA" program.
- Continue to work with key leaders in the Governor's Office, General Assembly, and the State Interagency Coordinating Council to support the Legislative Budget and Finance Committee review of the early intervention system (administered by the Departments of Public Welfare and Education) to develop proposals to assure the cost effectiveness of the statewide early intervention system for young children birth through "age of beginners" with developmental delays.
- Seek the support of a major corporate and/or foundation sponsor to plan and conduct a blue ribbon symposium to examine the costs and benefits of a state-sponsored preschool program for at-risk three-and four-year-olds. The retreat or conference should include corporate leaders, Governor's Office and state agency officials, and House and Senate leaders and staff, as well as key representatives from the child care, Head Start, elementary education and academic communities. Individuals from local communities that have begun planning efforts to improve early care and education efforts should also be included. The symposium should engage participants in establishing both goals and a process for increasing availability of high quality early care and education and developmentally appropriate preschool opportunities in Pennsylvania.
- Pennsylvania should promote access to full-day kindergarten for five-year-old children by offering financial incentives to school districts with aid ratios greater than or equal to 0.50.
- Pennsylvania should ensure that a child attending school in a poor, urban, rural or small school district has the opportunity to receive substantially the same education as a child living in a wealthy district. The General Assembly and Administration should create a statewide educational funding system which eliminates the inequities in spending at the school district level, which is currently based on the wealth of the local district.

RESOURCES AND SUPPORTS FOR CHILDREN, YOUTH AND FAMILIES

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PROBLEM:

DURING THE COURSE OF THE LAST SEVERAL DECADES, TRENDS IN OUR SOCIETY — TRANSITION FROM THE INDUSTRIAL TO SERVICE ECONOMY, MORE PEOPLE LIVING IN COMMUNITIES WITHOUT EXTENDED FAMILY, AND EVER INCREASING NUMBERS OF CHILDREN SPENDING SOME PART OF THEIR CHILDHOOD YEARS IN A SINGLE-PARENT HOUSEHOLD — HAVE CREATED GREATER STRESS FOR PARENTS.

FAMILY SUPPORT

Beginning in the 1970s, changes in the economy and family life led to the emergence of what have commonly come to be known as family support programs. The emergence of family support programs was fueled by parents' expression of need for more support, and by community leaders working with families recognizing that preventing crises is the most effective approach to assuring healthy children, families, and communities. An equally important factor pushing forward the development of family support programs has been the knowledge gained through the child development research field over the course of the last thirty years.

Child development researchers have documented how the foundation for healthy childhoods is developed, beginning with prenatal care up through a child's first eight years of life. How individuals function beginning in the preschool years all the way through adulthood is greatly affected by earliest experiences. For example, a healthy three-year old demonstrates important attributes – trust, self-confidence, the ability to communicate verbally, intellectual inquisitiveness, the ability to get along well with both children and adults, and the ability to feel empathy toward others. Children generally develop these skills through high-quality, day-to-day interactions with their parents, family members, and other caregivers. To achieve these milestones of healthy development, a child needs dependable care by an adult with positive and appropriate childrearing practices, a safe environment, adequate sensory and verbal stimulation and good health and nutrition.[40]

In light of our knowledge of what constitutes healthy child development, our society increasingly recognizes conditions which place children at risk. For example, in 1993, the National Education Goals Panel reported that nearly half of all infants and toddlers under age three in the country confront one or more major risk factors, including inadequate prenatal care, geographically or socially isolated parents, substandard child care, poverty and insufficient stimulation.[41] In Pennsylvania, one in six children lives in poverty; one in five lives in a single-parent home; nearly one child in ten is born to a single mother under the age of 20;[42] and the mothers of more than half of all children under age six are in the labor force.[43] When more than one of these conditions shape family life, they contribute to undermining the healthy development of our children.

Family support programs, while differing in their settings and the resources they offer families, all share one common goal — to enhance the capacity of families to nurture their children. Family support programs are founded on the assumption that parents who are confident and competent in their parenting roles are more likely to raise healthy children. The focus on family empowerment in all aspects of a program as the most effective means for enhancing child development differentiates family support programs from other services for families.

The Family Resource Coalition, born in 1981 to help promote family support programs, has developed a set of premises for "the family support movement." These premises are built upon the beliefs that the well-being of

children is the primary responsibility of their families, and all sectors of the community must support families in rearing their children. Other primary beliefs of the family support movement include: 1) assuring the well-being of families is a cornerstone of a healthy society; 2) promoting universal access for families to supports and services, when needed, is essential; 3) enhancing parents childrearing practices is achieved through child development education; 4) offering supports to enhance healthy child development must be based on families strengths and capacities; 5) promoting development of family support approaches must recognize families' unique needs at each stage of the life span; and 6) empowering families to take action to improve the well-being of their children, families and communities is based on improving their access to information and resources.[44]

Further, the guiding principles of family support programs and policies reflect a belief in parents as partners. Specifically, these principles encompass: 1) relationships between staff and families are based on equality and respect; 2) program participation is voluntary and parents seeking of information and support is viewed as a strength, not a deficit; 3) program partnerships are based on enhancing families' capacity to care for and foster the growth and development of all family members – adults, youth, children; 4) family members are resources for each other, other families, and the community-at-large; 5) parents participate in program decision making and governance; 6) policies and practices affirm and strengthen families' ethnic and racial heritage and enhance the functioning of multicultural communities; and 7) programs work to mobilize informal and formal resources that support families, and should be responsive and accountable to families and contribute to community-building processes.[45]

Family Support Principles Adapted to Systems Reform

During the 1980's, many of the child and family serving systems – early intervention, education, health care, mental health, child welfare and juvenile justice — began to adapt some of the family support principles to reform their approaches to working with families. These reforms evolved out of the growing agreement among families, service providers, advocates, and policymakers that public sector services and supports for children, youth and families had become increasingly ineffective because of their fragmented, categorical, deficit-oriented, treatment approaches.

An equally, if not more

compelling force driving child and family serving systems to reform the ways they work with families since the early 1980s has been a slow but steady growth in the numbers of children in poverty. As a result, there are greater numbers of children facing multiple risks to healthy development. The growing numbers of children in poverty over the course of the last decade has been accompanied by more and more limits being placed on public sector funding for many of these services systems. The limited increases in public sector funding for the broad array of child and family services and supports has been fueled in part by skepticism among American voters and taxpayers about the ability of government to solve social problems.

Across the country and around the Commonwealth, several efforts have been launched to programmatically and fiscally restructure the child and family serving systems. These efforts are aimed both at incorporating the types of principles promoted by the "family support movement" to help make services and supports more flexible, responsive, and family-centered, and at consolidating funding to try to achieve at least greater efficiencies in administering public sector programs.

Increasingly, public sentiment is suggesting the need to adapt more business-like approaches to human service administration, which is another force driving the push for community-based, flexible, family-centered support systems for families with measurable outcomes. As currently constructed, the plethora of federal, state, and local categorical programs, which are all accompanied by their own rules, regulations and administrative structures, make it all but impossible to design community-based programs to be responsive to the holistic needs of families.

At this point in time, public consensus about the central tenets of child and family services systems reform seems to be inclusive of: 1) a focus on prevention; 2) flexible funding sources to support the comprehensive needs of children and families; 3) a primary role for families and community leaders in program design, implementation, and governance; and 4) the fundamental importance of outcome measures to determine effectiveness.

Governance of Systems Reform

The emphasis in systems reform is "family centered," which means everything from focusing supports and services holistically on families, to placing families in primary roles in program planning and implementation, to holding programs accountable for their outcomes for families. For this emphasis on family involvement to be meaningful and take root, it means that the current forms of federal, state, and local governance of child and family services must change. The current thinking about what collaborative governance at the federal, state, and local levels must do to achieve the vision for community-based, flexible, family-centered systems of supports and services for children, youth and families proposes four types of commitments.

First, newly-formed governance structures need to be committed to and held accountable for reforming front-line practices. These governing bodies must take responsibility for ensuring practices of equality and respect between staff and families, utilizing families as resources within

the program and the community, affirming families' racial and ethnic heritage and improving the multicultural functioning of the community, and empowering families to care for family members and the community-at-large through providing information and access to resources for families as needed.

Secondly, the governing body must have explicit commitments from participants that the interests of the whole group form the foundation for guiding their decisions. This clarity is necessary to create the unity which is fundamental to the governing body's ability to overcome the influence of more narrowly focused constituency groups.

Thirdly, the governing body must have resource allocation as an explicit part of its unified decision-making authority. This can be carried out in various ways, such as the development of an integrated budget or approval of budgets for member organizations. Whichever way is chosen, the governing body must assure that resource allocations are tied to the goals and outcome measures for the community's vision of a system of child and family supports and services.

Lastly, the membership of the governance structure must include representatives from the constituencies and funders affected by the reforms that the collaborative governing body was created to address. Equally as important, reformers' experiences thus far have shown that business and community leadership is essential, particularly when it comes to raising issues that may not otherwise be brought up in an effort to protect individual program's territorial interests.

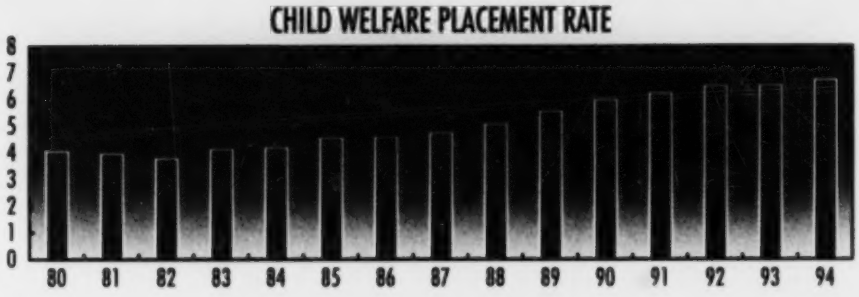
Creating collaborative governance structures is viewed by many as one of the most critical first steps in systems reform. Some would suggest that, if this kind of collaborative governance is not achieved, systems reform will "have been found difficult and left untried."

Financing Reform for Child and Family Serving Systems

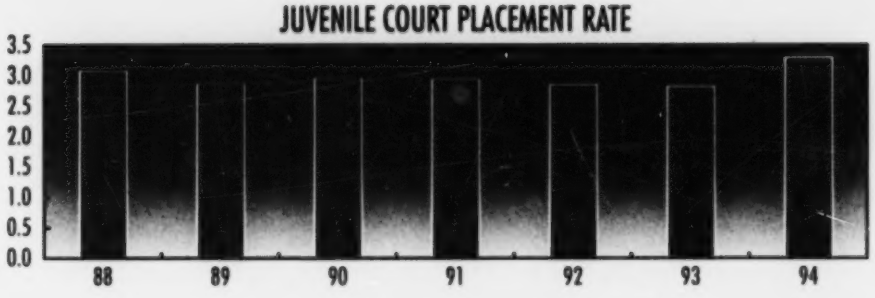
The consensus about the need to reform the child and family services systems is also driven by the burgeoning costs of the "crisis systems." For example, Pennsylvania will spend an estimated $363 million during the 1996-97 fiscal year (FY) for crisis services for abused, neglected, and delinquent children and approximately $916 million in state monies for correctional facilities. State expenditures for child welfare and delinquency services have gone up approximately $30 million each year over the last five years, (rising from about $162 million in FY 1990 to about $309 million FY 1995) and prisons costs have risen by roughly $75 million per year for the past five years (rising from about $346 million in FY 1990 to about $720 million in FY 1995).

The escalating costs of the "crisis" systems, along with the dysfunctional approach to working with families created by the federal, state, and locally funded categorical programs, have served to feed the public's skepticism about the ability of government to solve social problems. However, as efforts have been launched to create community-based systems of supports for children and families — designed to reflect a focus on prevention, flexible funding to serve holistic needs of families, place families in primary roles in program design, implementation and governance, and incorporate

		Total	Rate	% Change
State	1980	12,639	4.05	—
	1994	19,375	6.73	66.29%



		Total	Rate	% Change
State	1988	3,995	3.08	—
	1994	4,155	3.29	6.80%



SOURCE:
Marilyn Wade Stokamer and Frederick K. Richmond, *State of the Child in Pennsylvania: A 1996 Program and Economic Guide to Child Well-Being in Pennsylvania Counties*, (Pennsylvania KIDS COUNT Partnership, Harrisburg, PA. 1996), p.21.

outcome measures — little significant progress has been made because the federal, state and local categorical financing systems by and large have not changed.

The fundamental lack of change in public financing of child and family services is the primary barrier to developing community-based, flexible, family-centered systems of supports and services for children and families. The characteristics of the publicly financed, categorically driven approaches to serving children and families drive programs to go in almost exactly the opposite direction that the new consensus view on family-centered practices would take programs. In sum, the difference between systems reform efforts and the old categorical approaches include: 1) a primary focus on prevention and early intervention versus responding only after a crisis has arisen; 2) a holistic approach which recognizes the interconnectedness of child, family, and community conditions versus a narrow definition of eligibility and a focus on treatment of an individual; 3) an understanding of the efficacy of building on family and community strengths and capacities versus a focus on individual deficits; and 4) a recognition of the importance of measuring program outcomes versus process outcomes.

It is safe to say that the lack of any real change in the structure of federal, state, and local financing of child and family services is not the only barrier to systems reform, but it is commonly viewed as the single largest problem inhibiting reform initiatives from making significant progress. This lack of any real restructuring of public financing of child and family services is the biggest barrier because collectively, federal, state, and local resources for these services represent the greatest source of current or projected funding for such services. For example, in fiscal year 1994, it is estimated that federal spending alone for the range of child and family

services (from food stamps, to housing subsidies, to AFDC, Medicaid and education) totaled approximately $104 billion.[46]

As states and communities have attempted to move systems reform initiatives forward over the last decade, several financing strategies have been developed. Private expenditures have been one of the most frequently used sources of financing for these initiatives. The most noteworthy contributions have come from the philanthropic community because these monies can be used more flexibly — to cover everything from planning and evaluation costs to "fill the gap" funding for one-time family emergency-type allocations. Another more limited source that draws upon private sources is user fees. However, the pool of resources available through the philanthropic sector or, most especially, from user fees has never been great enough to sustain these types of reform efforts.

Some states and localities have taken up the public challenge to apply more business-like practices to public sector programming through utilization of results-based budgeting. This practice is aimed at linking program goals and achieved outcomes to resource allocation. For example, in 1988 the state of Oregon developed a 20 year strategic plan, "Oregon Shines," for which it then drew up 259 benchmarks to measure progress in meeting the defined goals. This plan has been used in subsequent years to design the state's reform efforts and assign resources.[47]

The utilization of results-based budgeting in the public sector has consistently been marginal because of the difficulty in defining measurable outcomes for social programs. The best example of this difficulty is the frequently asked question: "How do you measure the effect of prevention services?" The development of widely accepted outcome measures is still in the early stages.

Other types of public sector approaches being tried to move towards more efficient utilization of public funding are growing out of several methods for decategorizing public monies. Decategorization of funding is typically aimed at allowing greater coordination of services locally or pooling funding and eliminating categorical disbursements and expenditures. For example, in Iowa, the Child Welfare Decategorization Project coordinates more than 30 separate federal and state funding streams at the county level and gives more local authority over resource allocation. In West Virginia, the Governor's Cabinet on Children and Families pooled resources to fund local systems reform efforts. The Cabinet set aside of one-third of one percent of its allocation from 13 different federal categorical programs, such as AFDC, Medicaid, and the Job Training Partnership Act, to create the pooled funding.[48]

Over the last few years, federal and state policymakers have increasingly been promoting block grants as another way of decategorizing funding streams. While many service providers and advocates agree that block grants could be a source of the more flexible funding for community-based, family-centered systems reform efforts, block grant approaches are very controversial because of the trade-offs they almost always carry with them.

The biggest trade-off federal and state block grant proposals are likely to put forth is the concept of giving greater flexibility to local communities in utilizing these funds in exchange for reduced funding. One of the most

significant trade-offs being offered, however, in federal block grant proposals affecting Aid to Families with Dependent Children and Medicaid is the elimination of the entitlements to these cash and medical assistance programs for our poorest children and their families. Elimination of these entitlements to a minimal level of family income and medical care, coupled with funding cuts, will only assure that more of our poorest children will face even greater risks.

It is important to note the historical antecedents of our oldest entitlement — Aid to Families with Dependent Children (AFDC) — to remember the children then at risk who this program was founded to serve. AFDC was created after 60 years of prior debate regarding institutional versus family care for poor children. This debate began during the late 1800s when growing numbers of poor children were being placed in orphanages primarily because their families, most often mothers who became widowed through war, could not economically provide for their children.

As a result of the long years of debate and growing research on the effects of institutional versus family care, the public consensus about the efficacy of home care resulted in the passage of the Aid to Families with Dependent Children Program in 1935. The underlying philosophy of the AFDC program was that poor children should receive family care whenever possible. In the years since the launching of the AFDC program, the right of poor children to receive family care has evolved to include not only adequate family income, but also family income supports such as health care, child care, food, and housing subsidies.

As Congress and state legislatures increasingly look at block grants as a means of giving local communities more flexibility in serving the holistic needs of children and families, we must be clear about what trade-offs are not acceptable. We must make it clear to federal, state, and local policymakers that one trade-off that will not be acceptable is the loss of income and health care security for our poorest children and their families that AFDC and Medicaid currently provide.

In the meantime, the ongoing debate about child and family systems reform and fiscal restructuring has meant that significant progress has yet to be realized. The biggest single barrier preventing communities from realizing their system reform visions is the largely unchanged federal, state, and local financing structure which still channels the lion's share of public sector funding into categorical, crisis-oriented, deficit, and treatment focused programming.

Research Findings Show Prevention Yields Significant Savings

Researchers have begun to devise some measures for showing the savings that prevention approaches can yield, particularly in publicly financed programs. Thus far, research findings indicate that programs which intervene early, especially with poor children, can make a significant difference. From prenatal care through early childhood programming, early investments are highly cost-effective for reducing later expenditures on a wide array of health, educational, child welfare, and juvenile delinquency problems. Longitudinal studies have documented the benefits

of preschool education for children in poverty, ranging from $3 to $6 for every $1 spent. Prenatal care has been shown to bring about $3.38 in savings for every $1 spent on the costs of caring for low birth weight babies. Receiving immunizations on schedule saves $10 for every $1 spent on subsequent medical costs; and providing nutritional supplements for low-income women, infants, and young children yields $3 in savings for every $1 paid for later health care problems.[47]

Safety Net Resources Vital

The knowledge accumulated about the savings achieved through investing in prevention approaches for children, youth and families must be used to drive services system and financing reform. However, public sector funding and support for the existing safety net programs (i.e., income, medical care, job training, etc.) must be continued. We must invest in this continuum of resources and supports to assure the economic, educational, and healthy well-being of our most vulnerable children, youth, and families.

CURRENT EFFORTS

Governor's Partnership for Safe Children

First Lady Michele M. Ridge is chairing the "Governor's Community Partnership for Safe Children," which was established through an Executive Order issued by Governor Ridge in September 1995. This Partnership encompasses two critical elements needed to move child and family services system reform forward — it has created a broad collaborative governance structure at the Governor's cabinet level to promote greater investments in prevention, and it is focused on fostering community-based, family-centered approaches to prevention.

The collaborative governance structure at the state level includes members of the Governor's Cabinet, law enforcement, business and education leaders, social services providers, and other community officials. The purpose of the Partnership is to develop recommendations, allocate resources and coordinate local, state, and federal efforts to prevent youth violence, and to generate public awareness for activities toward that end.

Mrs. Ridge has called upon communities to come up with their own solutions to locally-identified problems. In doing so, members of the Partnership and interested communities will be using a risk-focused, prevention-oriented strategy which the Partnership has adopted as a model to help local leaders address family and youth issues.

This model, known as Communities That Care, is part of a national juvenile justice prevention movement aimed at reducing problem behaviors in children and adolescents (drug abuse, delinquency, violence, school drop-out, and teen pregnancy) by creating community-wide efforts to reduce risk factors. Fourteen Pennsylvania counties so far have received grants to implement the Communities That Care model.

Family Service System Reform

Utilizing Pennsylvania's federal allocation of the new Family Preservation and Family Support Services funding, beginning in fall 1995, the

Department of Public Welfare (DPW), Office of Children, Youth and Families (OCYF) started the "Family Service System Reform" initiative. Based on the five-year plan mandated to be developed to target these resources, counties were identified to apply for these funds.

Because the state plan decreed that these federal monies would be solely devoted to "assist communities to develop and implement more effective ways to improve health, education and human service outcomes for children and their families," sufficient funds were available through the fiscal year 1995-96 funding cycle to allow almost half of the counties to apply for either a planning or implementation grant. In fact, almost all counties targeted for first year funding applied. Most applied for planning grants, but two applied for and received implementation grants.

The intent of the Family Service System Reform effort is to merge four discrete efforts being implemented in the state which all have the goal of fostering system reform — the Family Preservation and Support Program, the Family to Family Foster Care initiative, the Family Center initiative, and the Children's Services Task Force initiative. Counties are not limited to implementing these four initiatives exclusively but are encouraged to propose integrated strategies for strengthening, supporting, and preserving families based on local needs and priorities.

The remaining counties not eligible to apply for these grants last year will be given the opportunity to apply by fall 1996 for either a planning or implementation grant. OCYF intends these grant dollars to be used as seed funding as part of counties' strategies to reform their child and family service systems. OCYF's commitment to counties is to seek changes in its policies and practices to correspond with the need for increased flexibility at the community level, including timely provision of waivers necessary to implement community reforms. One of the strategies envisioned for inclusion in these reform efforts is to allow local governing bodies to administer, finance, and carry out community-wide systems reforms.

Family Centers

Originally funded through federal resources

administered by the state Department of Education and designed to serve as school-based family support programs beginning in the late 1980s, the growth in sponsorship and funding sources for "Family Centers" has expanded since that time. By the early 1990s, the Departments of Education, Public Welfare and Health pooled additional resources to expand state sponsorship to create about 50 of these centers. Subsequently, several private, municipal, and county funding sources have been utilized to further the development of these types of family support programs. There is no source of documentation to show how many of these types of programs exist throughout the Commonwealth.

For example, in Allegheny County, through the leadership of the Howard Heinz Endowment, several other philanthropic leaders, and public sector policymakers, at least twenty-six family support centers have been developed at various sites around the county. The principles of the family support movement were drawn upon to shape the development of these centers. In spring 1996, the Allegheny County Family Support Policy Board issued their own "Principles of Family Support" for such centers.

The Allegheny County "Principles of Family Support" state: family centers are designed, governed, and improved by participants and community members; they are relationship-based, fostering respectful partnerships between and among parents, peers, and professionals; they are strengths' based, building on existing individual, family, community, and cultural abilities and vitalities; they are designed by and for participants to meet their priorities, and are collaborative among agencies to insure easy access and use; they reflect, respect, and enhance the cultures of the neighborhood through the staff they hire, and the materials and activities they sponsor; they are enhanced through program evaluations that reflect family support principles; and they are based in the community, serve the entire family, without eligibility requirements, and are voluntary.

The governing bodies that were originally set up by Family Centers are increasingly incorporating, or being incorporated into, the growing array of systems reform governance structures. For example, Communities That Care and Family Center governing structures have often been integrated. Most importantly, the new Family Service System Reform initiative requires that existing governing bodies aimed at child and family services systems reform be merged.

Home Visiting

Home visiting is viewed both as a philosophy and a way of delivering services. The philosophical foundation for home visiting weaves together two primary beliefs: 1) delivering services in the home can help solve or minimize existing problems; and 2) delivering services in the home can prevent problems from developing later. Further, home visiting services are based on the premises that parents are usually the individuals most consistently caring for their children; therefore, if parents are given the knowledge and supports needed, they will be able to more effectively care for their children. Those in the field of home visiting services, however, have come to know that parents emotional and physical well-being must also be addressed to in order for them to more effectively care for their own children.[30]

Family support programs typically utilize home visiting services. Researchers have increasingly documented the effectiveness of home visiting services for reaching young children and their families, especially when they are an integral part of more comprehensive approaches to working with families, like family support.

A survey of home visiting programs operating in Pennsylvania recently conducted by the University of Pittsburgh for the state Department of Health identified 704 different home visiting services across the Commonwealth. This survey indicated there is at least one home visiting service in all but one county. The survey shows great variation in the objectives, delivery mechanisms, and curriculum used in existing home visiting programs. However, most share a focus on providing child development information and helping parents access health care.

Groundbreaking work using home visiting as an approach to prevent child abuse was developed in Hawaii beginning in the mid-1970s. This approach has come to be known as the Healthy Families America (HFA) program. The HFA program screens all parents of newborns at the hospital or birth site and offers ongoing home-based family support to those with high-risk factors, such as mothers of low birthweight babies, teen mothers, and geographically or socially isolated families.

Starting Points

In January 1996, the Carnegie Corporation awarded grants to fourteen states and cities, including Pittsburgh, to stimulate reforms in policies and programs, and to mobilize community action for increasing investments in families with young children. This grant program — known as "Starting Points: State and Community Partnerships for Young Children" — targeted communities where leaders are pushing cutting edge innovations to reverse the damaging conditions faced by families with children ages birth to three. Among the activities these grants will support are: 1) universal screening, home visiting, and follow-up systems of health care for all families, with special attention to the most disadvantaged; 2) economic development incentives, including education and employment opportunities for young parents with child care and social supports; 3) comprehensive early care and education programs building on both family support and Head Start approaches; 4) community outreach to prevent teen childbearing and improve life options for disadvantaged youth; 5) integration of museums, churches, and other community-based institutions into resource networks for young families; and 6) development of collaborative governance mechanisms that allow financial and staff resources of public and private agencies to be used more efficiently.

SHORT-TERM OBJECTIVE:

- By fall 1996, convene a work group from the family support, maternal and child health, early care and education, child welfare and juvenile justice fields, along with representatives of state, county, and local government to explore how to further the development of and financing for community-based, flexible, family-centered, outcomes-based systems of supports and services for children, youth, and families.

LONG-TERM OBJECTIVE:

- Implement a statewide family support system that provides parenting support, child development education, access to early care and education, health care, and youth and adult post-secondary education and employment opportunities for all families, as needed.

ECONOMIC SECURITY

It is universally understood that the health and well-being of children is inextricably tied to their families' economic well-being. However, in the last national census conducted in 1990, over 432,000 of Pennsylvania's children lived in households with incomes at or below the federal poverty level. One in seven children in the Commonwealth lived in families dependent on cash public assistance.

While many children who grow up in poverty are able to successfully reach and enter the world of adulthood, these children must overcome significant obstacles and confront numerous risks. When asking residents of economically deprived communities what they need for their families to succeed, the inevitable answer is "jobs." The research consistently shows that poverty is the strongest determinant of poor outcomes for children.

The greatest risks to children growing up in economically deprived communities, meaning communities with high rates of unemployment and poverty, are delinquency and violence. This is the case even when their own parents are employed. Because opportunities to climb out of poverty by and large do not exist for their parents in the community, these children face hopeless futures. Similarly, the prevalence of violence by its very nature undermines healthy growth and development. Such neighborhoods, especially where no future investments are planned, severely impact a child's sense of success across multiple domains.

Family poverty places children at greater risk of hunger, homelessness, illness, physical or mental disability, educational failure, teen parenthood, and ongoing stress. Poverty also deprives children of the kinds of positive childhood experiences that help more advantaged children to succeed in school and then in college and work.

PROBLEM:

TOO MANY PENNSYLVANIA CHILDREN LIVE IN FAMILIES WITH INCOMES THAT DO NOT GUARANTEE A STANDARD OF LIVING ABOVE THE FEDERAL POVERTY LEVEL.

		Total	Rate	% Change
State	1979	425,701	13.90	———
	1989	432,227	15.69	12.87%

SOURCE:

Martha Wade Steketee and Frederick K. Richmond, *State of the Child in Pennsylvania: A 1996 Program and Economic Guide to Child Well-Being in Pennsylvania Counties*, (Pennsylvania KIDS COUNT Partnership, Harrisburg, PA, 1996), p.20.

Labor Market Trends

Changes in the labor market over the past 25 years have eliminated hundreds of thousands of jobs in the manufacturing sector of the economy in Pennsylvania — jobs for which low-skilled workers received relatively high wages and benefits. Jobs in the service industry are now the primary employment opportunities available for these workers; these jobs pay the minimum wage or slightly better and usually provide no health insurance. In addition, corporate downsizing has pushed thousands of white collar workers out of their jobs in recent years, placing additional families in economic peril.

A minimum wage job at $4.25 an hour supports a family of three at only 63% of the poverty level. At this wage, a 40-hour-per-week job provides only $170 a week for subsistence, before deductions for state, federal, and Social Security taxes.

Because of the loss of good paying jobs and falling wage levels, families increasingly rely on the earnings of two adults to support a decent standard of living. Families with only one parent are particularly vulnerable to poverty. The 38% increase in the number of single parent households in Pennsylvania between 1980 and 1990 has contributed to the large number of families in poverty. Unskilled, working single parents frequently earn only a little more than they could receive relying on welfare, and they often cannot afford adequate health care and child care.

		Total	Rate	% Change
State	1980	481,511	15.42	—
	1990	596,513	21.34	38.44%

SOURCE:

Marilyn Wade Stakeman and Frederick K. Richmond, *State of the Child in Pennsylvania: A 1996 Program and Economic Guide to Child Well-Being in Pennsylvania Counties* (Pennsylvania KIDS COUNT Partnership, Harrisburg, PA: 1996), p.20.

Safety Net Programs

Families that have no source of income or have earnings substantially below the poverty level have been eligible for a subsistence level of income support from either of two federally mandated programs. The Aid to Families with Dependent Children (AFDC) Program, which was created in 1935, has provided a basic living allowance to families with children who may have experienced the divorce, desertion, disability, death or unemployment of a parent. To receive aid, families must meet financial eligibility requirements and cooperate with child support enforcement, as well as with efforts to improve employability and find work. The Food Stamp Program has provided food coupons to both single adults and families in need who meet income guidelines and work requirements.

The vast majority of families who need AFDC for economic survival are single parent families. In most counties in Pennsylvania, a family of three without other income would be eligible for a maximum $421 monthly

grant plus $313 in food stamps. This provides an annual income of only $8,808, which is 68% of the poverty level. This level of income is barely adequate to pay for rent, and it means parents are constantly faced with difficult choices about which bills to pay to prevent disaster.

Child support payments by absent parents can make an important contribution to improving the economic well-being of single parent families. In 1995, only 40% of AFDC families living in the Commonwealth received child support.

CURRENT EFFORTS

Earned Income Tax Credit

Although legislation has been introduced in both the Pennsylvania General Assembly and the U.S. Congress to raise the minimum wage, such legislation has only passed in the U.S. House of Representatives — leaving the wage at $4.25 an hour, as it has been in Pennsylvania since 1991. Improvements were made by Congress in the federal Earned Income Tax Credit (EITC) starting in the 1994 tax year to gradually raise the maximum credit to $3,370 for families of two or more with annual incomes between $8,425 and $11,000. Families with incomes between $11,000 and $27,000 are currently eligible for smaller credits. Despite the important role EITC plays in boosting the incomes of our poorest working families, the program has been targeted for cuts in efforts to balance the federal budget.

Beginning in 1994, Pennsylvania increased state tax relief for low-income families. At this time, the income level at which families qualify for tax forgiveness was increased from $10,800 to $17,200 for a family of four.

Job Training for Welfare Recipients

State and federal policies have always required those receiving public assistance to participate in available work and job training activities. Indeed, since 1987, with the federal Family Support Act as the impetus, Pennsylvania has continuously expanded and refined its education and training efforts leading to employment and dignity for thousands of families. In the 1994-95 fiscal year, about 51,700 clients participated in education or training activities and 33,900 found employment. With a proposed investment of $108,794,439 in training and job placement efforts in 1996-97, the Ridge Administration anticipates that 86,600 AFDC parents will be engaged in an employment activity.

Governor's Welfare Reform Proposal Enacted into Law

In late spring 1996, the General Assembly passed Governor Ridge's welfare reform proposal — "RESET" (Road to Economic Self-Sufficiency Through Employment and Training). Already commonly referred to as Act 35, RESET will require federal waiver authority before implementation can begin for RESET provisions affecting current recipients of federal Aid to Families with Dependent Children (AFDC) and Medicaid.

Some of the most fundamental reforms enacted through Act 35 include requiring each applicant to sign an "Agreement of Mutual Responsibility"

(AMR) as a condition of eligibility for cash assistance. This AMR will "set forth the responsibilities and obligations to be undertaken by the recipient to achieve self-sufficiency, the time frames within which each obligation is to be completed, the penalties for failure to comply and the actions to be taken by the department to support the efforts of the applicant or recipient." The obligations the recipient must adhere to, by law, include, but are not limited to: 1) providing timely and accurate information as requested by the department (Department of Public Welfare); 2) cooperating in the determination of paternity and enforcement of support obligations before assistance will be granted; 3) seeking and participating in an educational program leading to a high school diploma or its equivalent or work-related activities; 4) maintaining employment as a condition for receiving cash assistance; 5) obtaining prenatal care consistent with nationally recognized standards; 6) maintaining the health and well-being of his/her children through — ensuring children attend school; ensuring children receive immunizations and appropriate health screenings and necessary treatment; performing any other appropriate activity based on an assessment of the education level, parenting skills and history of parenting activities and involvement of each parent who is applying for assistance; and meeting other requirements as established by the department; and 7) fulfilling obligations for remaining free of alcohol and illegal drugs if it is determined that an ongoing substance abuse problem has presented a barrier to employment.

According to Act 35, "Any person who is required to sign an application for assistance and fails or refuses, without good cause (as defined by the Department of Public Welfare), to enter into or cooperate in the completion of an agreement of mutual responsibility shall be ineligible for cash assistance." Penalties can also be imposed on recipients who fail to comply with their employment or work-related obligations, on recipients who fail to cooperate with child support requirements, and on recipients who fail to disclose truthful and accurate information. Sanctions can be imposed by the Department of Public Welfare for failure to cooperate with other aspects of the individual recipient's "Agreement of Mutual Responsibility."

Further, one year after implementation of RESET, the Department of Public Welfare is mandated to require all recipients who have received cash benefits for a continuous period of three or more years to participate in a educational, job training, grant diversion or community work experience approved by the Department. The statute does specify, however, that the Department "shall not reduce or eliminate cash benefits for recipients," who are covered under this provision, "if adequate funds have not been appropriated for education, training or community work experience programs."

However, for the current cash assistance recipients who have received benefits for less than three years as well as future applicants, "any applicant who willfully fails to fulfill the obligations (of the Agreement of Mutual Responsibility), fails to register, or refuses a bona fide offer of employment or training shall be ineligible for cash assistance." Where there is no other parent present who is eligible for assistance, any aid for which a child is eligible will be provided in the form of protective payment. As defined in

Act 35, "protective payment means payments with respect to any dependent child which are made to another individual who is interested in or connected with the welfare of such child or relative, or made on behalf of such child or relative directly to a person furnishing food, living accommodations, or other goods, services, or time to or for such child. Whenever possible, the protective payee shall be a public child welfare agency." The statute does not specify the level of this "protective payment;" therefore, one cannot be assured that the benefit will be adequate to support the eligible child.

Critical new provisions of RESET also stipulate that from the first day of receiving cash assistance, recipients must look for work if they are not already employed. (Very often poor working parents qualify for some level of cash assistance because their wages are low enough to still allow them to qualify for benefits.) If the recipient does not find a job, they must participate in a work-related activity such as job training or education to make their job search successful.

If a recipient receives cash assistance for 24 months (consecutive or not) without successfully finding a job, they will be required to engage in an average of 20 hours per week of "work" activity. "Work" activity is defined in Act 35 to cover activities such as subsidized employment, community service, on-the-job training or workfare. Failure to participate in 20 hours of "work activity" could result in denial of cash assistance for the recipient and the issuance of a "protective payment" for the eligible children in the assistance group. While it remains uncertain, Act 35 is predicated on the fact that 20 hours of "work" activity will be available to all recipients.

RESET establishes new eligibility requirements for cash assistance to "minor parents" — individuals under eighteen years of age, who have never been married, and are pregnant and/or caring for a dependent child. Minor parents will not be eligible for assistance unless the applicant or recipient is residing with a parent, legal guardian or other adult relative, or in an adult-supervised supportive living arrangement approved by the Department of Public Welfare. If the minor parent is living with a parent,

legal guardian or other adult relative, or in an adult-supervised supportive living arrangement, the assistance payment must be made to the parent, legal guardian or other adult with whom the minor parent is residing.

Exceptions to these minor parent provisions can only be granted when the Department determines that an exemption would best serve the health and safety of the minor parent and the child. The statute specifies the conditions under which such an exemption can be considered. Specifically, "If the minor parent can present evidence that the parent, legal guardian or other adult: (i) refuses or is unable to allow the minor parent or child to live in his or her home; (ii) poses an emotional or physical threat to the minor parent or child; (iii) has physically or sexually abused the minor parent or the minor parent's child or any other child in the household, or poses a risk of doing so; (iv) has exhibited neglect of the minor parent or the minor parent's child; or (v) has spent the minor parent's assistance in an improper way."

Finally, if the minor parent does not meet any of these exceptions, "the minor parent and child may be given a one-time allowance solely for the limited purpose of reuniting that minor parent and child with a parent, legal guardian or other adult relative at their place of residence. The amount of the allowance shall be limited to the least expensive mode of transportation available."

For applicants or recipients who are eighteen years of age or older, and less then twenty-two and have not earned a high school diploma or its equivalent, pursuit of a high school diploma or a certificate of high school equivalency can fulfill the work-related activity requirement for a maximum of twenty-four months. For all other applicants or recipients, the "work" activity requirements can be met through participation in vocational education, general education, English as a second language, or job skills training for a maximum of twelve months. However, it remains unclear if adequate job training resources will be available.

Some individuals are exempted from work or work-related activities. Individuals exempted include those with "verified physical or mental disability" or parents with a "child who has a verified disability." Recipients or applicants with disabilities must now establish their disability through written documentation in a form to be prescribed by the Department of Public Welfare. The Department may now also require the applicant or recipient to submit to an independent examination as a condition of receiving assistance. Further, an applicant or recipient with a verified physical or mental disability that is temporary in nature must pursue appropriate treatment as a condition of receiving assistance.

Individuals with children under age six who do not have adequate child care, as defined by the Department of Public Welfare, may be exempted from work or work-related activities. However, Act 35 does not provide a guarantee of child care assistance for anyone. Specifically, the statute stipulates that "the department may provide assistance to recipients for child day care when the department has determined that, without such services, the recipient would be exempt from compliance with the conditions of the agreement of mutual responsibility or work requirements..." Further, Act 35 says, "In establishing the time limits and levels of access to child day care funds, the department

shall take into account availability, costs, and the number of assistance groups needing services within the geographic area and shall seek to provide essential services to the greatest number of recipients."

Therefore, even though parents with children under age six may be exempted, the Department will be able to offer very minimal levels of subsidies for child care to meet their "mutual responsibility" of assisting parents in participating in "work activities." This undoubtedly will mean that most parents will not have access to adequate child day care. Care may not be available in all types of settings and child day care utilized by these participants will not need to meet any type of standards, including minimal health and safety standards. If benefits for child care assistance are set too low, the parent may be forced to access potentially dangerous care.

Most egregiously, Act 35 provides no exemption for parents of children age six and over who do not have adequate child care. Protections and assistance are clearly most important for parents of school-age children who meet their RESET obligations while children are not in school — evenings, weekends, and summer.

Eligibility for cash assistance will now be based on residing in the Commonwealth for at least 12 months. If the applicant's residency is less than 12 months, the applicant will be granted assistance at a level equal to that of the former state of residency or Pennsylvania, whichever is less.

Other significant provisions contained in Act 35 stipulate that the resource limits imposed on AFDC recipients can be changed to allow each assistance group to maintain one car and the earned income disregard will be raised to allow each assistance group to keep 50% of earnings in determining eligibility for cash benefit levels.

Additionally, Act 35 specifies that "a person who is not a citizen of the United States shall be ineligible for assistance unless specifically required by Federal law." This means if a waiver is received from the federal government, no assistance need be made available to legal or illegal aliens.

Further, Act 35 limits state-funded Medically Needy Only coverage to people who are 59 or older or who are working 100 hours per month. This will not apply to people who receive federally funded Medical Assistance — children under age 21; people age 65 and older; income-eligible pregnant women; families with children who are related to them; and people who meet the Supplemental Security Income test for disability.

RESET will require federal waiver of such things as the changes in eligibility, requirements for cooperating in child support enforcement, and making non-citizens ineligible, among others. The federal Department of Health and Human Services is expected to grant the waivers based on President Bill Clinton's commitment to letting states create their own welfare reform demonstrations. The Department of Public Welfare is optimistic that HHS approval of the necessary waivers will be granted by fall of 1996, so that full implementation of the Act 35 can occur.

Federal Welfare Proposals

Federal legislative proposals to reform welfare seek to lower welfare expenditures by eliminating the federal entitlement to cash assistance for impoverished families and imposing a five-year lifetime limit on receipt of

welfare payments, whether jobs are available or not. The plans advanced to date, including the National Governor's Association proposal, fail to adequately protect children in a number of important ways.

While they would permit states to exempt a portion of the caseload from the time limit, none contain an exemption level that is high enough to cover the families with a parent unable to work due to a disability or because a child in the family has a disability and requires parental care. The exemption threshold also fails to protect families in areas of states with extremely high levels of unemployment.

When unemployment and poverty rise, as they did in the 1990-91 and 1991-92 fiscal years, federal funds would no longer increase sufficiently to meet the need for basic support, forcing states to either reduce benefit levels, create waiting lists, or eliminate assistance altogether for some categories of families.

Another significant problem in the federal proposals is the approach taken to moving clients from welfare to work. Rather than increasing the emphasis on education and job training, congressional proposals require states to create unpaid work assignments for half of all AFDC parents by the year 2002, doubling the number of clients involved in work activities, while virtually eliminating any mandate to provide training.

Pennsylvanias experience with a massive workfare-style program during the 1980s would argue against this approach because it did not appreciably increase employment for those who participated. Furthermore, Pennsylvania's new welfare reform law, Act 35, will require all recipients in the Commonwealth to participate in some type of "work" activity for at least 20 hours per week . Most importantly, Act 35 does not specify how jobs are to be created for these recipients when none meeting the definitions of acceptable "work" activity are to be found in the community where the recipients live.

Federal welfare reform legislation proposes to more than double the number of AFDC recipients involved in work activities. This will significantly increase the need for child care and the added expense can be expected to create pressure to deviate from the course of assuring children of welfare families access to safe, high quality care.

Pennsylvania's recently passed welfare reform law does not guarantee any type of child care assistance. The Pennsylvania law stipulates that the Department of Public Welfare "may provide assistance to recipients for child day care" when the recipient has a child under age six. Further, the Department "shall take into account availability, costs and the number of assistance groups needing services within the geographic area and shall seek to provide essential services to the greatest number of recipients." For parents of children age six and older, no type of child care assistance is required to be offered. Pennsylvania's poorest children seem only to be guaranteed substandard and unsafe child care placements.

Some federal proposals are pending, which have been passed in the U.S. House of Representatives, creating greater prohibitions to welfare benefits than have been approved by Pennsylvania's new welfare reform law. Specifically, welfare benefits would not be allowed to be increased if a new child is born to a family that has received AFDC in the previous ten

months. This type of restriction would further jeopardize the health and well-being of children already at risk.

Two-thirds of AFDC beneficiaries are children. Many who support a family cap on welfare benefits wrongly believe that most families on welfare have numerous children. In reality, 72% of families receiving income support have only one or two children. Current welfare benefit levels are already inadequate for providing economic security and family stability. The monthly income differential for an additional child is only $83 — hardly an incentive for having an extra child. Indeed, numerous studies have demonstrated little, if any, causal effect. One of the few states that has actually implemented a statewide child exclusion policy is New Jersey, and the results so far are quite mixed. Preliminary data indicates a decline in the state welfare rolls of only one-quarter of one percent. This minuscule decline comes with a high cost to children, for it appears that for every birth which may have been discouraged, five babies have been penalized by the child exclusion policy.

Changes in federal law under consideration by Congress could help states to improve child support enforcement by creating a national registry for parents obligated to provide support. The Pennsylvania General Assembly has passed a number of measures to strengthen child support enforcement since 1993, including: 1) establishing procedures for processing intercounty support cases; 2) mandating medical assistance applicants and recipients to the courts to obtain medical support obligations from legally responsible relatives; 3) fostering establishment of paternity through accepting another state's paternity determination, promoting voluntary acknowledgment of paternity, and using hospitals to help establish paternity; 4) expanding insurers' obligations regarding payment of claims and provisions of medical insurance to dependent children of insured obligors; and 5) authorizing suspension of professional licenses of noncustodial parents who are three months in arrears. As part of the new welfare reform law enacted in Pennsylvania in the spring of 1996, a new provision was added requiring applicants for cash assistance to cooperate in the determination of paternity and enforcement of support obligations before cash assistance will be granted.

SHORT-TERM OBJECTIVES:

- The Administration and the General Assembly should work with the Pennsylvania Congressional Delegation to keep the federal Earned Income Tax Credit Program intact to provide low-wage working families with additional take-home pay.
- The Administration and the General Assembly should work to maintain a strong federal financial role in guaranteeing that Pennsylvania's most vulnerable children can receive minimal income support when, despite diligent effort, their parents cannot obtain employment.

- In designing Pennsylvania's response to changes in federal law governing the AFDC Program, the Administration and General Assembly should: 1) provide funding for job training to help parents gain the skills needed to qualify for employment that will provide an adequate income to support their families; 2) assure that children are not deprived of basic income support due to time limits on assistance when employment is not available; 3) guarantee access to high quality child care while welfare parents work or train; and 4) reject efforts to impose a family cap on welfare benefits.
- Increase the minimum wage so that employment enables families to escape poverty.

RESOURCES TO LEAD ADOLESCENTS TO PRODUCTIVE ADULTHOODS

During the 1993-94 school year, over 19,000 students in grades 9 through 12 dropped out of school in Pennsylvania; nearly 15,000 unmarried girls under the age of twenty had babies; 49% of high school seniors admitted drinking some type of alcohol and 21% acknowledged smoking marijuana at least once a month; and more than 4,000 juvenile delinquents were ordered by the courts to be put in out-of-home placements.

Children who drop out of school, become pregnant as teens, or get involved with drugs, alcohol, and juvenile crime, share a number of characteristics. They are typically behind grade level for their age, do not feel successful at or committed to school, and do not have an optimistic vision of their future. While programs specifically designed to prevent and ameliorate each of these outcomes have a measure of success with some students, adequate resources are not available to provide intensive intervention to each of the thousands of students who are at risk of school dropout, teen pregnancy, drug or alcohol abuse, or juvenile crime. A bigger impact could be achieved through major efforts to improve the quality of education and to change the level of student engagement in both school and community — factors that can improve outcomes for all children at risk.

Success Depends on Mastery of Basic Skills

Research on school dropouts clearly indicates that both their failure to succeed in school and failure to obtain employment is tied to their failure to master basic skills. This failure can often be traced back to early elementary school. Unfortunately, the standard method of dealing with lack of attainment of basic content area is to hold the student back. Unfortunately, flunking a grade has multiple and serious side effects. Studies have shown that students retained actually score worse on achievement tests than do like students who have been passed to the next grade. Those retained have low opinions of themselves and appear to have fewer friends than students who are promoted. Those who have been held back are up to four times more likely to drop out than those who are not." Clearly, efforts to prevent school dropout must begin at the first sign that a student is falling behind rather than focusing only on the high school years. Earlier, more targeted and individualized methods of intervention are needed to help a student master the skills needed to succeed at each level rather than approaching the problem of failure to master skills with grade retention.

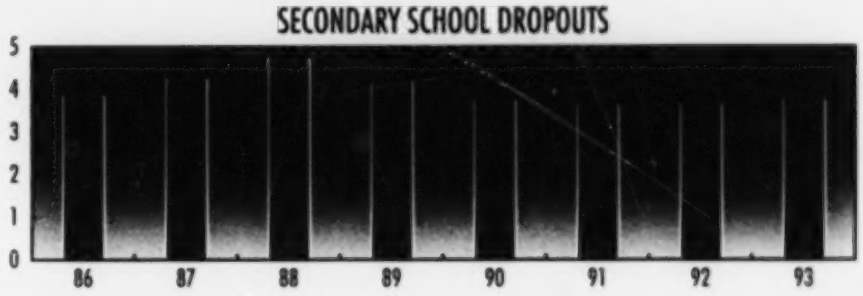
Statewide academic standards and accompanying assessment instruments to measure achievement of the goals are critical tools for ensuring the success of all students. Periodic and timely student assessment against the academic standards would provide a system for alerting both teacher and parents that individual students are falling behind and need additional help to achieve mastery that will enable them to go on to the next level of work.

Likewise, failure of a particular school or class to achieve at an acceptable level on the assessment could trigger a range of efforts to improve outcomes, from in-service training for teachers, to implementation of a school-district sponsored pre-kindergarten program, to boost school readiness of the school's entering students.

PROBLEM:

SCHOOLS AND COMMUNITIES NEED RESOURCES AND HELP TO PLAN AND IMPLEMENT EFFECTIVE STRATEGIES TO ASSURE THAT YOUTH COMPLETE THEIR EDUCATION AND MAKE A SUCCESSFUL TRANSITION TO THE WORKPLACE. SUCH EFFORTS MUST REDUCE AND PREVENT SCHOOL DROPOUT, TEEN PREGNANCY, SUBSTANCE ABUSE, AND YOUTH VIOLENCE. AT THE SAME TIME, PROGRAMS TO HELP YOUTH WHO HAVE ALREADY DROPPED OUT, BECOME A TEEN PARENT, OR BECOME INVOLVED WITH DRUGS, ALCOHOL, OR DELINQUENCY SHOULD BE STRENGTHENED.

		Total	Rate	% Change
State	1988	22,264	3.86	—
	1993	19,157	3.75	-2.94%



		Total	Rate	% Change
State	1980	11,311	7.11	—
	1994	14,843	9.49	33.52%

SOURCE:
Martha Wade Steketee and Frederick K. Richmond, *State of the Child in Pennsylvania: A 1996 Program and Economic Guide to Child Well-Being in Pennsylvania Counties*, (Pennsylvania KIDS COUNT Partnership, Harrisburg, PA: 1996), pp 20-21.

Preparing All Students for Work and Careers

Preparing students for work and careers is recognized by most as the mission of our schools. The degree of success in meeting that objective is the ultimate measure of the success of our public education system. But evidence of this mission is absent in the day-to-day operation of our schools. Connecting learning to the world of work is profoundly motivating to many students, and can provide experiences that build self esteem, commitment to the community, and a vision for their future. School-to-work initiatives can encourage commitment to school and academic success —thereby reducing the impetus to drug and alcohol abuse, delinquency, teen pregnancy, and school dropout. Active involvement of the business community in providing exposure, training, and work opportunities gives substance to an abstract notion of how school connects to work.

Exposure to the world of work can be an important incentive for academic endeavors for a wide range of students at risk of school failure, including those who live in distressed communities with high rates of unemployment, high percentages of single parent households, and few adult role models engaged in the labor market. Indeed, many of the successful dropout prevention programs that have been implemented over the past 20 years have tried to employ the motivating power of direct experience in the world of work. Yet, many of our schools fail to connect learning to work except within the vocational education system.

Support for Dropout Youth and Teen Parents

While prevention efforts must be stepped up, intervention is still important for youth who are on the brink of dropping out, have already dropped out, or have become pregnant. The consequences of dropping out of school are staggering. Dropouts are three and a half times more likely to be arrested than

high school graduates, and seven and a half times more likely to become dependent on welfare. Dropouts are twice as likely to be unemployed and to live in poverty and six times more likely to be unwed parents.[52]

The prognosis for adolescents who become parents is bleak — without intervention they are not likely to complete high school and are likely to become or remain poor. But the outlook for their children is truly dismal — children of teen parents face the highest risk of poor health and developmental outcomes. When children of adolescents themselves become adolescents, they are more likely than children of older mothers to fail in school, to engage in early sexual activity, and to become pregnant.[53] One of the only factors that correlates with improved child outcomes for children of teen parents is improved educational attainment of their mothers.[54] Therefore, it is doubly important to provide supports to teen parents.

Multiple Risks Affecting Adolescents

While many of the efforts to improve the schools and reduce the incidence of school dropout also have a positive effect on violence prevention, additional steps are needed. A number of risk factors in addition to failure at school are known to be associated with problem adolescent behaviors, including availability of drugs, availability of firearms, low neighborhood attachment and community disorganization, extreme poverty, family management problems, family conflict, and friends who engage in problem behavior.

Some adolescents who are exposed to numerous risk factors do not become juvenile delinquents, teen parents, or drug abusers. Recent research has focused on identifying protective factors that help adolescents navigate through this precarious period without developing problem behaviors. This research led to the development of the "Communities That Care" model. Among the categories of protective factors that this model promotes are individual characteristics, such as having a resilient temperament, positive relationships with family members, teachers or other adults who recognize and encourage a youth's competence and good peer relationships; and schools, families and peer groups that set clear standards and encourage healthy beliefs. Efforts to reduce problem adolescent behavior can reasonably focus on strengthening protective factors as well as on lessening risk factors.

One risk factor that has been identified across the Commonwealth is the lack of supervised after-school activities for school-aged children and adolescents. More than 300,000 children under age 13 in Pennsylvania do not have a parent to go home to after school because their parents work a full-time job. While some of these children are cared for by neighbors or organized after-school programs, both survey data and local needs assessments paint a picture of inadequate resources for before-school, after-school, and summer care.[55]

In a 1989 University of Pittsburgh statewide survey of parents of young children, 2.5% of parents with children between the ages of six and eight stated that their youngster regularly stayed home alone. If the proportion of children between the ages of 8 and 12 home alone after school is similar, 25,000 children under age 13 may be unsupervised on a daily basis for

several hours a day.[56] If national trends hold true for Pennsylvania, the number of unsupervised children under 13 is probably closer to 50,000. The Bureau of the Census calculated that 18% of the children of working mothers were in self-care. While it appeared that only 5% of the 5-to 7-year olds were home alone, 25% of 11-to 13-year olds with working mothers were in self care.[57] Some of these children are home alone because their parents could not figure out a better arrangement. Others are home alone because their parents could not *afford* a better arrangement.

The limited research on the effects of self-care suggests that harmful effects can result, including susceptibility to peer pressure to engage in undesirable behavior and higher levels of fear. Organized school-age child care programs, on the other hand, can improve social skills, improve the likelihood of forming friendships, and improve reading and math scores.[58] A California study of 5,000 eighth graders found that self-care was a significant risk factor for use of alcohol, cigarettes, and marijuana. This was true regardless of the income level, academic level, participation in sports or single- or two-parent family status of the child.[59]

Across the state, community needs assessments have also identified a lack of safe recreational and enrichment opportunities for youth. At-risk youth frequently live in neighborhoods and go to schools that do not provide these opportunities. To develop a sense of competence and self-worth, adolescents need the chance to participate in activities that foster development such as intramural sports, art and drama, music lessons, community improvement projects, and employment. They also need access to supportive adults who can serve as sounding posts and role models.

CURRENT EFFORTS

Helping Students Succeed Academically

Instructional Support Teams have made it possible to provide ongoing help to classroom teachers to give extra help to students who are having difficulty in a number of areas. The availability of an extra professional to focus on individual students and organize a coordinated approach to tackling their learning problems involving the classroom teacher, the parents, and other key school support staff, has been an effective strategy for dealing with problems in a more timely and more targeted way. Expansion of this strategy is an important way to help students to keep up with their classmates, decrease grade retentions, and improve teaching.

A few school districts have initiated special efforts to assure that children in the early primary grades master basic reading skills, and duplicate New Zealand's successful Reading Recovery Program. This approach provides intensive tutoring by reading specialists trained to diagnose the peculiar approach each student has to language in order to help them achieve reading proficiency needed as the basis for learning at higher grade levels.

Work to develop and adopt academic standards in key subject areas has already been undertaken by a number of school districts around the state as part of the strategic planning process. Local flexibility to shape programs to meet academic standards should be a feature of such an initiative.

School-to-Work

Pennsylvania began a number of small-scale school-to-work initiatives during the past 15 years, including Jobs for Pennsylvania Graduates, the STEP Program, a variety of community service programs, and several ambitious apprenticeship programs. These efforts, however, have succeeded in touching only a small number of students. Except for STEP, the programs have mainly been aimed at juniors and seniors. Federal funding, especially funding available under the Job Training Partnership Act (JTPA), has been instrumental in supporting all of them. JTPA has also provided funding to provide summer employment for thousands of low-income youth and has been the major source of funding for job training for dropout youth in Pennsylvania.

Federal funds available in the past two years have supported new state efforts to help all school districts develop approaches to help all students make the transition from school to work. These new state efforts have been based on the input of local employers and union representatives and have had the involvement of post-secondary institutions.

Congress is currently considering major changes to the statutes authorizing most of these programs and the funding levels supporting them. States would be given more flexibility and authority to decide how to spend the reduced funds. It will be important to preserve significant resources to support school-to-work efforts, including education and training for dropout youth.

Teen Parents

More than ten years ago, Pennsylvania developed two demonstration programs to assist teen parents. One model, now funded by the Department of Public Welfare and operated through JTPA agencies, helps teen parents who have already dropped out of school to obtain a General Equivalency Diploma (GED), vocational skills, and parenting support. The other model, funded largely by the Department of Education and operated by local school districts, helps teens who become pregnant remain in or return to school by providing support services, counseling, and parenting education. These programs have been refined and slightly expanded over the years. A 1993 Pennsylvania Legislative Budget and Finance Committee study concluded that the school-based program developed for AFDC teen parents exceeded the results of both the Wisconsin and Ohio learnfare initiatives.

Despite good results, Pennsylvania's programs for young parents served fewer than 40% of teens who gave birth in 1993. While Governor Ridge's 1996-97 budget proposal calls for a small expansion in funding, it is time to systematically expand these programs to meet the needs of all pregnant and parenting youth.

After-School Resources for Children and Adolescents

Over the past decade, the state has dedicated small amounts of state and federal resources to foster development of "latch-key" or school-age child care programs. Youth services programs provide an option for school-agers other than being home alone or on the street during non-school hours.

School-age children who are left alone are more likely to experiment with drugs and alcohol and become involved in juvenile crime.

For many families, these programs are non-existent, inaccessible or unaffordable for too many families. Indeed, in the 1993-94 school year, only 199 of the 501 school districts in the state had developed any after-school child care program, and many of these programs were not district-wide. Very few new districts have been able to start programs in the past two years, reflecting the importance of seed money and technical assistance.

The subsidized child care program operated by the Department of Public Welfare provides financial assistance to help low-income working families pay for child care. While there is tremendous need to increase subsidized care for children of all ages, the lack of funding for after-school care is problematic.

A number of states, such as North Carolina, have included funding for school-age child care in initiatives to prevent crime. A 1994 crime prevention initiative provided $5 million for after-school activities for children in kindergarten to grade nine. Awards have been granted to 53 neighborhood and community-based non-profit organizations to develop meaningful activities for at-risk students.

Investment in youth development efforts has begun in several communities in Pennsylvania. For example, Philadelphia has launched the first of a network of youth access centers by bundling services and supervised activities around existing neighborhood recreation centers. Fourteen counties around the state are engaged in planning efforts to create local programs and interventions to prevent problem adolescent behavior under the "Communities That Care" initiative.

SHORT-TERM OBJECTIVES:

- The Department of Education should work with local school districts to establish progressive and sequenced career exploration and work readiness activities for all students, beginning in kindergarten and continuing through graduation. These activities should include age appropriate activities such as visits to businesses, career days, school-based, student-run enterprises, community service learning, job shadowing, mentoring, internships, and paid employment.

- Pennsylvania should preserve substantial federal funding to support summer employment programs for economically disadvantaged school-age youth, and should dedicate substantial funding to provide education and training to dropout youth.

LONG-TERM OBJECTIVES:

- Pennsylvania should develop state academic standards for key content areas that promote high expectations for all students. Develop and implement state assessments that measure how well individual students, schools, and districts are performing against these standards. Standards and assessments should be developed with

direct involvement of families and community leaders and should provide school districts with significant flexibility to develop programs to meet these standards.

- Pennsylvania should expand quality before-school, after-school, and summer child care opportunities for children with working parents by providing startup funds to launch 100 new programs around the state each year for the next five years. Additional subsidized child care funding to support before-school, after-school, and summer child care for more low-income children for each of those years is also needed.
- Pennsylvania should strengthen and expand efforts to help pregnant and parenting teens finish school, learn parenting skills, and prepare for employment by expanding the capacity of pregnant and parenting teen programs to serve all teen parents by 2001.

FOOTNOTES

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CHILD HEALTH

1 "Special Report on Uninsured Children in Pennsylvania," (Pennsylvania Partnerships for Children, Harrisburg, PA: May 1996).

2 Martha Wade Steketee and Frederick K. Richmond, *State of the Child in Pennsylvania: A 1996 Program and Economic Guide to Child Well-Being in Pennsylvania Counties*, (Pennsylvania KIDSCOUNT Partnership, Harrisburg, PA: 1996), p. 20.

3 Ken Segal, "School Health Partnerships: A Model of Integrated Care for Children and Families," (unpublished paper prepared for the Jewish Healthcare Foundation, Pittsburgh, PA: October 19, 1994), pp. 3-6.

4 Center on Hunger, Poverty and Nutrition Policy, "Occasional Study: Childhood Hunger Estimates," (Tufts University, School of Nutrition, Boston, MA: 1992).

5 Arloc Sherman, "Wasting America's Future: Report on the Costs of Child Poverty," (Children's Defense Fund, Washington, D.C.: 1994), pp. 13-14.

6 Ibid., p. 15.

7 Ibid., pp. 16-17.

8 Ibid., p. 17.

EARLY CARE AND EDUCATION

9 The Department of Public Welfare's 1994 Local Market Rate Survey of child care centers indicates that the average statewide rate for one child receiving center-based care was $4,492 annually.

10 Robert B. McCall, Ph.D., with Christina Groark, Ph.D., Martha Isler, B.S., Steven D. Manners, M.S. Rae Scott-Jones, J.D., Eleanor Shair, M.Ed., Barbara J. Smith, Ph.D. and Ethel Tittnich, M.S., "The State of Early Childhood Services in Pennsylvania: A Report to the State Board of Education of the Commonwealth of Pennsylvania," (University of Pittsburgh, Office of Child Development, Pittsburgh, PA: December 1989), p.3.

11 Joan L. Benso, Testimony before the Pennsylvania House Aging and Youth Committee, (Pennsylvania Association of Child Care Agencies, Harrisburg, PA: August 1995), p. 3.

12 Maximum rates are the same, except for the newly employed welfare client who received child care assistance through an income disregard of up to $160 a month for one child - frequently not enough to cover the real cost of care.

13 Although the Office of Income Maintenance has developed the capacity to make payments directly to the child care provider, this technology is quite unsophisticated and inconsistent with the LMA payment method. Delays in payment of six weeks or more after care is provided are common. The two systems also have different requirements for family contributions.

14 The Greater Minneapolis Day Care Association, "Valuing Families: The High Cost of Waiting for Child Care Sliding Fee Assistance, A Study of Families on the Sliding Fee Waiting List in Hennepin County, Minnesota," (The Greater Minneapolis Day Care Association, Minneapolis, MN: 1995), p. 1.

15 Robert B. McCall, et.al., pp. 6-7.

FOOTNOTES

16 Pennsylvania Association for the Education of Young Children, "Pennsylvania Child Care and Head Start 1992 Statewide Salary Survey," (Pennsylvania Association for the Education of Young Children, Pittsburgh, PA: 1992), p. 18.

17 Ellen Galinsky, Carollee Howes, and Susan Kontos, Interim Report, "The Family Child Care Training Study," (Families and Work Institute, New York, NY: 1992)

18 Gwen Morgan, Sheri L. Azer, Joan B. Costely, Andrea Genser, Irene F. Goodman, Joan Lombardi, and Bettina McGimsey, *Making a Career Of It: The State of the States Report on Career Development in Early Care and Education*, (The Center for Career Development in Early Care and Education, Wheelock College, Boston, MA: 1993), p. 169.

19 Carnegie Task Force on Meeting the Needs of Young Children, *Starting Points: Meeting the Needs of Our Youngest Children*, (Carnegie Corporation, New York, NY: August 1994), p. 53.

20 Helen Blank, *Investing in Our Children's Care: An Analysis and Review of State Initiatives to Strengthen the Quality and Build the Supply of Child Care Funded Through the Child Care and Development Block Grant*, (Children's Defense Fund, Washington, D.C.: June 1993), p. 2.

21 Ibid., p. 18.

22 Shelley L. Smith, Mary Fairchild and Scott Groginsky, *Early Childhood Care and Education: An Investment That Works*, (National Conference of State Legislatures, Denver, CO: February 1995), p. 55.

23 Laura Euben and Barbara Reisman, *Making the Connections: Public/Private Partnerships in Child Care*, (Child Care Action Campaign, New York, NY: 1990).

24 Shelley L. Smith, et. al., p. 53.

25 Carnegie Task Force on Meeting the Needs of Young Children, p. 40.

26 Carol Dellahousaye, Program Associate, Voices for Illinois Children, (unpublished presentation at Children's Defense Fund Midwest Early Childhood Development Institute, Chicago, IL: July 15, 1994).

27 Dell Ford, "Special Report on Head Start/Pre-Kindergarten Child Care Service Delivery Models," (unpublished paper, Oregon Head Start Collaboration Project: 1995).

28 Martha Wade Steketee, "Preschool Participation and Other Characteristics of Young Children in Pennsylvania: A Report to Pennsylvania Partnerships for Children," (University of Pittsburgh, Office of Child Development, Pittsburgh, PA: July 1995), pp. 11-12.

29 Robert B. McCall, Ph.D., and Brian Griner, M.P.A., "Head Start in Pennsylvania: A Summary of the Results of the Program Information Reports of the Administration for Children, Youth and Families, U.S. Department of Health and Human Services," (University of Pittsburgh, Office of Child Development, Pittsburgh, PA: August 1995).

30 Jerlean Daniel, Ph.D., Principal Author, "A Plan to Advance the Lifetime Prospects of the Pittsburgh/Allegheny County Community," (unpublished paper prepared for the United Way of Allegheny County, Pittsburgh, PA: October 1995), p. 6.

31 Office of Accountability Assessment, (School District, Philadelphia, PA: 1988).

32 Department of Research and Evaluation, *Meeting the National Mandate: Chicago's Government Funded Kindergarten Programs, Fiscal 1984*, (Chicago Public Schools, Chicago, IL: August 1985), p. vii.

33 Robert B. McCall, Ph.D., et. al., "The State of Early Childhood Services in Pennsylvania: A Report to the State Board of Education of the Commonwealth of Pennsylvania," p. 10.

34 Pennsylvania Department of Education, "Early Childhood Survey," (Department of Education, Harrisburg, PA: 1994).

35 Gina Adams and Jodi Sandifort, *First Steps, Promising Futures: State Pre-Kindergarten Initiatives in the Early 1990's*, (Children's Defense Fund, Washington, D.C.: 1994), p. 5.

36 Shelley L. Smith, et. al., p. 11.

37 Kentucky Department of Education, "Kentucky Education Reform: The First Five Years, 1990-1995," (Department of Education, KY: June 1995), pp. 71-75.

38 Colorado Department of Education, "Colorado Preschool Program: An Analysis of Three Year Trends in Colorado Preschool Program," (Report to the Colorado Legislature, Denver, CO: 1994).

39 Debbie Schumacher, Kentucky Department of Education, (unpublished presentation to Pennsylvania Partnerships for Children's Head Start Early Care and Education Advisory Group, Harrisburg, PA: September 8, 1995).

RESOURCES AND SUPPORTS FOR CHILDREN, YOUTH AND FAMILIES

40 Carnegie Task Force on Meeting the Needs of Young Children, pp. 10-12.

41 Ibid., p. 2.

42 Martha Wade Steketee and Frederick K. Richmond, *The State of the Child in Pennsylvania: A 1996 Program and Economic Guide to Child Well-Being in Pennsylvania Counties*, p. 20.

43 Martha Wade Steketee, "Preschool Participation and Other Characteristics of Young Children in Pennsylvania: A Report to Pennsylvania Partnerships for Children."

44 Family Resource Coalition, "Making the Case for Family Support," (Family Resource Coalition, Chicago, IL: 1995), Appendix A.

45 Ibid.

46 Martha E. Orland, Anna E. Danegger, and Ellen Foley, "Creating More Comprehensive, Community-Based Support Systems: The Critical Role of Finance," (The Finance Project, Washington, D.C.: November 1995), p. 4.

47 Ibid., p. 15.

48 Ibid., p. 16.

49 Committee for Economic Development, "The Unfinished Agenda: A New Vision for Child Development and Education," (Committee for Economic Development, New York, NY: 1990), p. 11.

50 University of Pittsburgh, Office of Child Development, "Home Visiting," (University of Pittsburgh, Office of Child Development, Pittsburgh, PA: 1995), p. 3.

FOOTNOTES

51 Andrew Hahn and Jacqueline Danzberger with Bernard Lefkowitz, "Dropouts in America: Enough is Known for Action," (Institute for Educational Leadership, Washington, D.C.: 1987), pp. 16-18.

52 Lisbeth Schorr, *Within Our Reach: Breaking the Cycle of Disadvantage*, (Anchor Press, Doubleday, New York, NY: 1988), p. 8.

53 Panel on High Risk Youth, "Losing Generations: Adolescents in High Risk Settings," (National Resource Council, National Academy Press, Washington, D.C.: 1993), p. 52.

54 Gordon Berlin and Andrew Sum, *Toward a More Perfect Union: Basic Skills, Poor Families and Our Economic Future*, (Ford Foundation, New York, NY: 1988), pp. 39-40.

55 A review of the availability of before- and after-school care in Philadelphia conducted last fall by Philadelphia citizens for Children and Youth and the Parents' Union identified only 3,545 slots for school-age children — enough for 4% of Philadelphia children age 6 to 12 with full-time working parents.

56 Robert B. McCall, et. al., p. 4.

57 Cheryl D. Hayes, John L. Palmer and Martha J. Zaslow, Editors, *Who Cares for America's Children?*, (Panel on Child Care Policy, National Research Council, National Academy Press, Washington, D.C.: 1990), p. 29.

58 Shelley L.Smith, et. al., p. 25.

59 Cheryl D. Hayes, et. al., pp. 131-132

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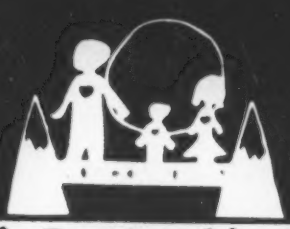

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